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COMMUNICATIONS.

MEDICAL SYMBOLISM.

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(*Continued from page* 5.)

One can advance sufficient evidence to indicate with considerable conclusiveness that the Egyptians were in the habit of looking to a serpentine divinity for the cure of disease. In his work, already quoted from, Sharpe gives a figure of a snake, wearing the crown of Upper and Lower Egypt,* on a pole, a cut of which is reproduced here: (Fig. 5), which was carried in the periodical airing procession of the Egyptian divinities. Now, it is more than probable that Moses was very familiar with this figure and its import; but at any rate, we find him making an imitation of it, and for what purpose? The story is told in the Bible,† and runs thus: "And Moses made a serpent of brass and put it upon a pole; and it came to pass that if a serpent had bitten any man, when he beheld the serpent of brass he lived."‡ Verily, there is the healer in essentially the same form in which he was embodied by the Romans. Hence, it is very certain that the serpent as a symbol of medicine took shape before the time of Æsculapius, long before, for Moses lived nearly 400 years earlier than he, and as we have just seen, it was likely far from new at his time.

FIG. 5.

But the association of the serpent with Æsculapius, as a remnant of a form of serpent-worship, may have come as a direct inheritance, like the laurel, from Apollo, the sun-god, with whom, as we know, one was, almost everywhere, sacred. Mr. C. F. Keary maintains, in his able work,* that the tree, mountain and river were the three great primitive fetich-gods of the early world, and forcibly argues that a serpent was the symbol of the last, which, it may be noted, is nearly always a life-giving power. Without pretending to account for their original worship, he "takes it for certain that at a very early time rivers became through symbolism confounded with serpents." Remnants of these fetichisms are preserved in later and more abstract cults, and may be largely found in Indo-European mythologies. The monstrous python which Apollo encountered and destroyed at Delphi was simply a river, and a harmful one, ulteriorly a river of death. The Far-Darter, through his arrows (rays), dried up the water. "The reptile was, we know," says Mr. Keary, "before all things sacred to Æsculapius, and was kept in his house, as for example in the great temple of Epidaurus. It would seem that the sun-god has the special mission of overcoming and absorbing into himself this form of fetich. This is why Apollo slays the python, and why the snake is sacred to Æsculapius." Between tree- and serpent-worship the connection is close, as

* Vide description in Exodus xxviii. and xxix.

† Numbers xxi. 9.

‡ This idol was not appreciated only for a time, for it is said of Hezekiah (2 Kings xviii. 4) that "he removed the high places and brake the images and cut down the groves, and brake in pieces the brazen serpent that Moses made; for unto those days the children of Israel did burn incense to it: and he called it Nehushtan."

* Outlines of Primitive Belief.

one would expect from the close connection in nature between rivers and trees.

It is proper to state, although I must be brief, that there are other ways of explaining serpent-worship besides that so ably advocated by Mr. Keary. It is suggested by Fergusson* that the longevity of the reptile may be one reason for it, and its mysterious and deadly power another. One of the most tenable theories is the phallic, † and another which is held by many is the astronomic. Says Lillie, ‡ "Like all old religious ideas, the serpent symbol was probably in the first instance astronomical. Two thousand eight hundred and thirty-six years before Christ, a large star was within one degree of the celestial pole. This was the *a* of Draco." Much interest was taken in it, as readers of the works of Messrs. Piazzi Smyth and Proctor are aware. The constellation of Draco, or Dragon, was represented in ancient astronomy by a serpent twined round a tree, the prototype of which likely was the Asclepias acidi, the source of soma, the original intoxicant of the Aryans. With Draco, the Supreme Being and paradise were associated. Two snakes on a staff, an emblem very similar to the caduceus of Hermes or Mercury (the wind god), constitute the Tria Ratna of Buddhism, "the three precious symbols of the faith." "These very ancient symbols," says Lillie, "are Buddhist symbols, but they plainly indicate also the inner teaching of Vedism, the father and mother and the solar 'golden germ.'" The symbol of Draca may be the prototype of Serapis, the serpent-encircled Egyptian god, as well as the staff and climbing serpent of Æsculapius. I may add that Plutarch ‖ holds that the serpent-symbol of the supreme god, Uræus, was the cobra di capello (naja tripudians), the rather venomous viper still worshipped in India.

As several medical symbols cannot be understood without a knowledge of the history of the half-mythical Æsculapius, I will explain those calling for special notice in connection with a sort of sketch of the god. An extremely remarkable history it is, and certainly of much interest to all medical readers.

As was a rather common event in the days of yore, if ancient writers are to be believed, Æsculapius was the offspring of an attractive young virgin named Coronis, a native of Thessaly, by one of the immortal gods, the gallant Apollo himself, who, as I have stated above, was, in connection with his other functions, the Grecian god of medicine until his healing and life-giving powers were exercised by his son.* We learn from Homer, † that during the progress of the Trojan war, medical service was not infrequently invoked from Apollo (Pæon). Thus he was called on when the Lycian chief, Sarpedon, was wounded—

> "Apollo heard; and suppliant as he stood,
> His heavenly hand restrained the flux of blood;
> He drew the dolors from the wounded part,
> And breathed a spirit in his rising heart."

The famous Hippocratic oath, which was taken by the medical student at his entrance on the study, begins with these words; ‡ "I swear by Apollo, the physician, by Æsculapius, by his daughters, Hygeia and Pomaria, and all the gods and goddesses." Bacon ventures to say ‖ that it was well for the poets "to conjoin music and medicine in Apollo, because the office of medicine is but to tune this curious harp of man's body and reduce it to harmony."

The laurel crown given to Æsculapius has been held by some to have been accorded to him, because he was the son of Apollo, the laurel being specially consecrated to the latter. Another way of accounting for it, is as stated by Tooke, § "because that tree is powerful in curing many diseases."

The name of the mother of Æsculapius, Coronis, in Greek signifies crow. This is given as the reason why the crow was consecrated to the god. Another reason is because that watchful bird brought the unpleasant news to Apollo that the sly Coronis was secretly keeping company with a youth of her neighborhood (Ischys)—a piece of service which was unkindly rewarded by changing the tale-bearer from white to black, put permanently in mourning for the unfaithful maid.

In this connection I may remark that Thessaly, a region in which poisonous herbs abounded, was regarded by some, as, for example, Strabo, as the place of nativity of Æsculapius, as well as his mother. Referring to this, Blackie ¶ says: "That the knowledge of medicine came to the Greeks originally from Thessaly, one of the earliest seats

* Tree and Serpent Worship.

† Vide note later.

‡ Buddha and Early Buddhism.

‖ Isis and Osiris.

* A writer in Smith's "Dictionary of Grecian and Roman Antiquities" remarks that the personification of the healing powers of nature is "naturally enough described as the son (the effects) of Helios—Apollo—or the sun."

† Iliad and Odyssey.

‡ Vide the works of Hippocrates, translated and edited by Adams.

‖ Op. cit.

§ Pantheon.

¶ Homer and the Iliad.

of Hellenic civilization, is evident from the pedigree of Coronis." However this may be, it is interesting to observe that there is testimony in Homer going to show that Egyptian medicine was in repute during the Homeric age. Thus, to remove the grief and rage caused by the death of brave Antilochus, we are told* that the famous Helen (a Spartan), who takes, on the occasion, the role of a "woman doctor,"

> "Mix'd a mirth-inspiring bowl,
> Temper'd with drugs of sovereign use t' assuage
> The boiling bosom of tumultuous rage.
> * * * * * *
> These drugs, so friendly to the joys of life,
> Bright Helen learn'd from Thone's imperial wife,
> Who sway'd the sceptre, where prolific Nile
> With various simples clothes the fatten'd soil."†

It was the luck of Æsculapius to be an orphan from his birth, if birth he had, to speak correctly. When Apollo found that the conduct of Coronis was bad, he became very angry, as was to be expected, and ordered Diana to destroy her through a stroke of lightning, which was done. But he thought it well to save the child; and to do this, it is to be presumed, the operation now known as the Cæsarian was hastily performed. The operation was successful, but what to do with baby Æsculapius, who, it is not unlikely, was brought into the world prematurely, was puzzling to Apollo. It appears that the little unfortunate would likely have perished had it not been for the friendly offices of a goat and a dog. The goat gave the precious *enfant trouvé* nourishment, while the faithful dog guarded him from harm. Hence it is, we are told, that these animals came to be associated with him, the former in sacrifice. The dog has been given the credit of nourishing him, and the frequent association of the goat with him afterwards is explained otherwise than as stated above, namely, because, to use the words of Tooke,‡ "A goat is always in a fever; and, therefore, a goat's constitution is very contrary to health."

In progress of time, Apollo took care that Æsculapius should not grow up in ignorance; so the boy was put under a master, and a strange one, too, Chiron, who was very monstrously formed, his figure from the waist down being the body of a horse. This strangely-formed individual, a centaur, directed the attention of his pupil to the study of the medicinal virtues of plants; for he was a great herbalist, being called by Homer, in the words of Pope, "the Sire of Pharmacy." A symbol in the form of this Thessalian monster is of pharmaceutical significance.

I am not particularly called on to speak further of Æsculapius personally, but I deem it desirable to say a few words about his medical career and other points, so as to make the sketch complete. His knowledge of drugs became greater than that of his master, Chiron, and his practical skill as a physician touched on the supernatural. His patients did not die, and a few he recalled from "the shades below." Of his plans of cure, Pindar,* after speaking of the sick that flocked to him, says:

> "Some spells brought back to life;
> These drank the potion bland; for these he bound
> With drugs the aching wound;
> Some leaped to strength beneath the helpful knife."

His great success in curing the sick, and especially his recalling some from the other world, led to his destruction. Pluto, the God of the infernal regions, not wishing a sparse population, became displeased with him and complained to Jupiter, who, likely believing that he was becoming too powerful, cut short his career through a thunderbolt.

In the celebrated ode quoted from above, Pindar declares that the efforts of Æsculapius to recall the dead to life were inspired by temptation with gold; he says:

> "Alas! that filthy gain can blind the wise!
> The glittering gold betrayed the noble leech."

Making this ugly charge is probably unjust to the great physician. The historian Grote,† thinks so, and expresses the idea that Pindar was disposed "to extenuate the cruelty of Zeus by imputing guilty and sordid views to Æsculapius."

In the references of Homer to Æsculapius, he appears as simply a mortal, a fact which Blackie characterizes as remarkable; but after his death an Æsculapian cultus spread rapidly. As Cox says,‡ "there were few divine personages more widely honored than this son of Apollo." Temples called Æsclepia were erected to him, to which patients flocked to be healed. At these resorts, one or more nights were passed, during which rules laid down by the priests were observed. The cure was usually suggested by a dream. The medical attendants or priests, in the Æsclepia, were called Æsclepiades. Through the votive tablets, some of which are yet extant, which told more or less of the treatment, a considerable deal

*Odyssey, b. iv.

†Vide also note on Phæon below.

‡Op. cit.

*Third Pythian Ode.

†History of Greece.

‡Comparative Mythology and Folklore.

of medical knowledge was accumulated in these institutions. In the introductory remarks to his excellent edition of the works of Hippocrates, Adams says: "When we come to an analysis of the different Hippocratic treatises, it will be seen that there is strong reason to believe we are still in possession of two documents composed from the result of observations made in the ancient temples of health." That great author, the prince of physicians, as he was called, I think, by Pliny, gathered much of his knowledge at the Æsclepion of Cos, one of the most famous, as I have already said, a few centuries before the Christian era, and, of course, covered forever with éclat by its illustrious alumnus.

Æsculapius was married, as every respectable physician should be, and as was desirable in an exemplar, the father of six children, two sons and four daughters, of whom both the former, Podalirius and Machaon, taught by their "parent god," were "famed surgeons," "divine professors of the healing arts," according to Homer, in the Trojan war, and of the latter, one, Hygeia, became the goddess of health. Hippocrates probably traced his pedigree to Podalirius.

I have said that a goat was frequently sacrificed to Æsculapius. This was most often done by the Cyrenians. A more common sacrifice was the domestic cock, a very watchful bird, a fit symbol in medicine. Socrates has, through Plato,* made this memorable. Said the dying sage, as he felt his limbs grow cold: "When the poison reaches the heart, that will be the end." Feeling his body gradually losing its vital heat, and realizing that relief from his troubles was at hand, he said (they were his last words): "Crito, I owe a cock to Æsculapius; will you remember to pay the debt?" "The debt shall be paid," responded his friend.

Fig. 6.

There is yet another symbol connected with figures of Æsculapius, to which reference has been already made, about which I must say a few words. I refer to the child Telesphorus, likely a sort of genius or dæmon, such as that of Socrates. A cut (Fig .6), copied from Tooke,† minus the laurel branches, in which he appears wrapped in a mantle, is given. He is barefooted. Figures of him vary considerably in appearance. He is generally regarded as symbolic of the sustaining vital force, the *vis medicatrix naturæ*, upon which greatly depends the recovery of the sick.

Health is symbolized in Hygeia, the pretty

"Daughter of Pæon,* queen of every joy,"

to use the appropriate words with which Armstrong starts off in the invocation to her, at the beginning of his fine poem.† At least one figure of the goddess is doubtless familiar to my readers, that in which she is represented as a blooming maid with a serpent twined around one of her arms, and feeding out of a patina, or chalice. Referring to this ideal, Dr. Aitken Meigs, who died too young, in a remarkable farewell address to students, delivered in 1879, pronounces "the high-born maid" to be

"Of beauty's types the highest, best idea,"

and continues:

"Nor fragile she. nor pale, but ruddy, strong,
And gladsome as a tuneful, joyous song;
Her comely form, in swelling curves designed,
Is perfect grace, with glowing strength combined;
Crimson and white in her fair face contend,
Upon her cheeks in sweet confusion blend;
Her rosy lips excel the coral's brightness,
Brow, nose and chin are fleecy ways of whiteness;
Loose flowing falls her hair, a golden spray.
Forth from her lustrous eyes, she scatters day.
* * * * * * *
In one small hand a cup she deftly holds,
Whist round her soft, white arm in many folds
A serpent twines, and from the chalice drinks.
Low crouches, sometimes, at her feet, a sphinx.
From these strange emblems learn her character;
How very cunning she, and how exact her
Knowledge and profound; how with wondrous skill
Her youth renews; and is discreet and still."

Dr. Meigs not inaptly says that this is to the physician what the chosen maid was to the knight of old, the patron saint. He believes that "in all probability Hygeia is derived from Maut or Mut, 'the mother goddess' of Egypt," as well as that "Æsculapius is doubtless the Egyptian Thoth, or Hermes Trismegistus, whose symbols,

* Phædo.

† Op. cit.

* Pæon, or Pæeon, was the name frequently given, after the time of Homer, to Æsculapius, as well as his father (Apollo). It is the one always used by Homer in speaking of the physician of the Olympian gods. Thus in reference to the source of the medical knowledge of the Pharian or Egyptian race, it is said (Odyssey, b. iv.):

"From Phæon sprung, their patron-god imparts
To all the Pharian race, his healing arts."

"Pæonian herbs" is the phrase made use of by Virgil (Æneid, b. vii.) in his account of the restoration to life of Hippolytus, and elsewhere.

† The Art of Preserving Life.

the staff and twining serpent, surmounted with the mystic hawk of Horus Ra and the solar uræus, appear in the ancient temple Pselcis, near Dakkeh, in Nubia."* The explanation of the symbols connected with the figure of the goddess given is all very well, except, perhaps, in regard to the import of the serpent. Taking the reptile to be symbolic of the art of healing, why it should be connected with the goddess of health is not very obvious. In this connection its presence may possibly imply that it is only through medical knowledge that health can be preserved. The chalice is not always present, and as indicated in the verses, neither is the sphinx. I will give a cut of the goddess copied from DeWilde's book, in the attractive form in which she appeared on an antique gem (Fig. 7). One might raise the objection that the serpent is too long to be of the Æsculapian species.

FIG. 7.

I have said that the cut of the goddess given is from a gem; and a very appropriate thing it would be on, say, the seal ring of a physician. And this reminds me that a ring was from the earliest times, and until recently, regarded as a necessary item of the insignia of the medical man, one of the indispensable things to have in order to be suitably prepared to justly exercise the healing art. It is spoken of, I believe, in one of the spurious Hippocratic works. Different stones in it differently engraved gave it different uses and powers. Another item of the insignia referred to was the gold-headed cane. As seen in the last century, it was smooth and varnished. The gold head may have had some significance; it was at least suggestive of the physician's reputed love of the precious metal. It will be remembered that in the famous description* of his doctor, Chaucer says, and with charming casuistry:

> "For gould in physike is a cordial;
> Therefore he lovede gould in special."

Carrying a gem, whether in a ring or otherwise, with a symbol of health engraved on it, was, of course, a superstitious practice—a practice not at all objectionable, if it inspires hope and fortitude. Many a wise man, however, has carried a symbol of health, to serve to preserve his own, just as many a one has worn a red string around his neck to keep off small-pox, or gone about his business with a chestnut in his pocket to prevent an attack of rheumatism. This plan of holding diseases at bay inspired the making of many symbols of medical significance; that is, medical amulets. The abraxas stones, of which much has been said, were largely such. On each there was generally some figure or inscription together with the word ABRAXAS,† which constituted the characteristic feature.‡ The Greek letters of this mystic word equaled in numerical value,‖ 365, the number of days in a year. A cut of one of these stones is given by Sharpe.§ After speaking of the serpent of evil on it, he continues: "Underneath it is written the magical word abraxas, *hurt me not*, an Egyptian word which the Greeks made use of as believing that the evil spirits were better acquainted with the Egyptian language than with the Greek." Not a few believe that the word is not such at all. At any rate, the abraxas stones are believed to have originated with the Basilidean Gnostics. Large numbers of them have been found in Egypt, Spain and elsewhere. I may add here, that in De Wilde's book a talismanic gem is pictured, on one side of which are the Greek letters IAΩ, signifying God; and on the other a representation of an extremely *erotic* and rather misshapen lion rampant, which worn in a ring was said to prevent renal and other diseases. De Wilde observes, and in accordance with a belief of ancient date, which I cannot dwell on,¶ that

*Hygeia may have sprung into existence as a personification of the great serpent-accompanied virgin, river-mist or cloud goddess, Pallas Athene (Minerva) in her capacity of Healer. The Egyptian goddess corresponding with Minerva was Neit or Neith, the great mother who gave birth to the sun-god, Ra, and the tutelar goddess of Sais. As to the Egyptian god corresponding with Æsculapius, Dr. Erasmus Wilson, in his "Egypt of the Past," says: "Imhotep, the Imuthes of the Greeks, corresponded with their Æsculapius." Imhotep was a king of the sixth dynasty. He was the son of Ptah and Sekhet. Ptah, the father of the gods and the great artificer of the world, has been taken to correspond with Vulcan (Hephæstus), who had the gift of healing.

*Canterbury Tales.

†This should not be confounded with the word ABRACADABRA, which, however, was long reputed to be of great efficacy when brought to bear against agues and other fevers.

‡The cut of one at the end of this article is copied from an engraving of one in De Wilde's book. On the reverse side was shown a lion with a prey in his mouth, and a star between his legs.

‖The first, letter 1; the second, 2; the third, 100; the fourth, 1; the fifth, 200; the sixth, 1; and the seventh, 60.

§Op. cit.

¶On second thought, I deem it wise to add a note on this curious and important matter. The *linga* of the Hindus

in this one was health symbolized; says he: "Leo erectus verum signum sanitatis protendit."

I might go on and speak of that peculiar symbol placed at the head of prescriptions, and taken by the practical physician to mean *Recipe*, but which is a symbol of Jupiter, whose good influence was, in other days, generally invoked when remedies were prescribed—and the physician's color, yellow, with others, such as the red-striped pole, now regarded as the symbol of the mere barber, and the skull and cross-bones—but enough has been said to give some idea of the scope of medical symbolism. In extent it is evidently not very limited, nor is it without variety and the means of variety enough. Yet, how little use does one see made of it! How seldom do publishers take any advantage whatever of it on the covers of their books or anywhere else! And what little is here and there attempted is apt to be a trifle preposterous, on a par almost with the misuse of the serpent by the quack-medicine man who confounds the religious (Christian) significance of it with the medical. Here is a medical publisher who makes use of the caduceus of Mercury, there one the club of Hercules with a rather venomous-looking snake crawling down it from—heaven only knows where—and so on. And there I see a journal devoted to anatomy and surgery with a seal on its back, in which appear heads of Vesalius and Paré, an emblem of anatomy and surgery, about as expressive and appropriate as one consisting of heads of Washington and Bismarck would be of war and conquest. But perhaps a little, even if bad, is better than nothing. Anything modern that is worthy of attention is rare. I may take note of a fair specimen.

On the title-page of a journal edited by the late Dr. Dunglison, a learned and sensible man, *The American Medical Intelligencer*, which had a brief existence in the latter half of the fourth decade of this century, appears the symbol, the cut of which is given (Fig. 8). The idea is obvious and is good, but is poorly executed.

FIG. 8.

Ideas for symbolic designs of medical significance are plentiful enough. The instruments and drugs used by the disciples of Æsculapius afford a host, if one does not wish to take advantage of mythological or allied hints. If it be desired to give an Egyptian design on the cover of a book, say on obstetrics, the main part of an admirable one may be found ready at hand on the wall of the great temple at Luxor.* It is the scene, and a sufficiently chaste one, of the maiden mother giving birth to the future king, Amunottoph III., for whom the temple or palace was erected about 1400 B. C. She is seated on the midwife's stool, as described in Exodus i. 16, while two nurses have her by the hands, doing what they can to ease the pains of labor. But for a design of obstetrical import there could probably be few better than one in which prominence were given to the good housewifery symbols, the pestle, hatchet, and broom: those respectively of Pilumnus, a god of children; nterciдona, the goddess who first taught the art of cutting fire-wood; and Deverra, the goddess who invented the broom, that great instrument of cleanliness, and enemy of that Python, or I may say Hydra, of many modern doctors, the disease-germ; the deities that save the pregnant woman from harm from her special enemies, the unclean sylvan gods. The broom! wise old Romans! wiser than the moderns with bottles of carbolic acid in their hands. And with these symbols, especially if the design were wanted for a work on obstetrics by a female author, there might be given a figure of

the *phallus* of the Greeks, and the *penis* of the Romans, in the form of an "upright" sacred tree, or tree of life, named by the Jews *asherah* (vide Rawlinson's "Ancient Monarchies," Vol. II.), and mistranslated, perhaps purposely, in the Bible, *grove*, as in the phrase, "where the women wove hangings for the grove" (2 Judges xxiii. 7), appeared on the circular altar of Baal-peor of the Moabites and Midianites, and some of the Israelites (vide Numbers xxv. and 2 Judges xxii.)—the Triapus of the Greeks and Romans. This object has been taken by many peoples as symbolic of the widely worshiped, active, renewing, generative power in nature, the sun, called Horus by the Egyptians, Asshur by the Assyrians, Baal by the Phœnicians, Apollo by the Greeks, etc., just as an oval or round figure, the *yoni* of the Hindus and the *cteis* of the Greeks, has been of the passive power, the earth. "As such," says Cox, in his philosophic work, already quoted from, "the symbol became a protecting power, like the Palladium which guarded the city of Troy, the rod or staff of wealth placed in the hands of Hermes, the budding thyrsus of the worshipers of Dionysus, and the sistrum of the Egyptian priests. The rod thus grew into a tree of life, and in conjunction with the oval emblem became the stauros or cross of Osiris, the Egyptian symbol of immortality, the god himself being crucified to the tree, which denoted his fructifying power." "When we add," says the same author, "that from its physical characteristics the *asherah* suggested the emblem of the serpent, we have the key to the tree and serpent worship." The tree worshipped was an upright statue or post, occasionally with sprouts. The phallus-serpent was never regarded with dread, or looked on as other than a beneficent and life-giving power.

In accordance with these ideas, both the serpent and staff of Æsculapius may have been of phallic origin.

* Vide Sharpe's "Egyptian Mythology."

the goddess Juno Lucina, the special friend of women in labor. Or if the author had no respect for the classic divinities, and had faith enough in magical healers, a figure of—I need not mention whom, for I fear it would be hard to find a modern doctor who has regard enough for these traditional heroes to desire to place the image of one, even if an old specialist of great renown, on the back of his book.

By way of conclusion and at the risk of running too deep into occult knowledge, I will give some account of a remarkable magic figure, of interest to the physician, about which little is generally known, but which is often referred to in certain out-of-the-way lines of study. I refer to the pentacle, triple triangle, or pentalpha of Pythagoras, the formulator of a celebrated system of philosophy, the basis of which is numerical.* A representation of it in its simple form is given herewith (Fig. 9); and it will be observed on inspection that it has five arms or points, five double triangles, with five acute angles within, and five obtuse ones without; so that if there is the virtue in the number five which the occult philosophers have asserted there is, it must have much. It is in fact the famous legendary key of Solomon, which has played a notable role in history. Tennyson,† one of the few well-known authors by whom reference to it is made, speaks of it when he makes one of his characters (Katie) draw (it can be done through one stroke),

Fig. 9.

> "With her slender pointed foot
> Some figure, like a wizard's pentagram,
> On garden gravel."

I have said that little is generally known about the pentacle. Here is some evidence. Ruskin‡ defines it to be "a five-pointed star or a double triangle ornament, the symbol of the trinity," a wrong definition, but not quite so bad as that given in Mollett's handsome new work,‖ namely, "a figure formed of two triangles intersected so as to form a six-pointed star." The opinion is expressed by Bayard Taylor,§ that the magical powers attributed to it could be explained by the fact that being made up of three triangles, it was a "triple symbol of the trinity." This might be true, but it was regarded as possessing mysterious powers long before Christianity originated.

A common mistake, the one evidently made by Mollett, of even learned writers, as for example, Oliver* and Fairholt,† is to confound the pentacle with the seal of Solomon or David, which consists of two deltas or equilateral triangles, so arranged as to form a six-pointed star.

By the German writers on magic and kindred subjects, the pentacle is often called *Drudenfuss* (wizard's foot), a term which Mackey‡ takes to be a corruption of the term for Druid's foot, by which people it was in use, being often worn on their sandals. As Bayard Taylor, however, says: "*Drud*, from the same root as Druid, was the old German word for wizard."

This symbol has been extensively as well as long used. It has been observed on a figure of Anubis in Egypt. It is stated‖ that it was used on coins of Antiochus Epiphanes, and also§ of Lysimachus. The statement I have seen made somewhere, that it is one of the old sect-marks of the Hindus, is an error, I believe. By referring to Coleman's¶ or Birdwood's** work, it will be seen that it is Solomon's seal that has been so used.

The pentacle has been accorded great potency and extensively used, to keep off witches and all sorts of evil influences, including the devil himself, and hence has served purposes very similar to those to which the horse-shoe has often been put. Aubrey†† says that it was formerly used by the Greek Christians as the sign of the cross is now, "at the beginning of letters or books, for good luck's sake"—something which old John Evelyn was wont to do in his books, and as Southey placed the puzzling monogram,‡‡ meant, perhaps, to have similar significance, on the title-page of his work, "The Doctor." It may be seen on many a cradle and threshold at the present day in the Fatherland. The readers of Goethe's great work‖‖ will remember that Dr. Faust had one on his threshold, and that when he began to perceive that there was something suspicious about

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* Vide The Pythagorean Triangle, by George Oliver.

† The Brook.

‡ Art Culture.

‖ Dictionary of words used in art and archæology.

§ In his notes to "Faust."

* Op. cit.

† Op. cit.

‡ Encyclopœdia of Freemasonry.

‖ In Broughton's "Italy," Vol. II.

§ *Notes and Queries*, 3 Series, Vol. IX.

¶ Mythology of the Hindus.

** Indian arts.

†† Remaines of Gentilisme and Judaisme.

‡‡ Three equal triangles formed by a line from each angle of an equilateral one to a point in the centre.

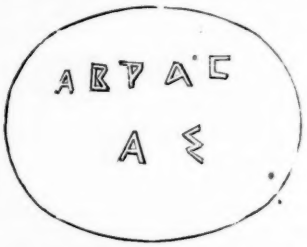
‖‖ Faust.

the character of the "poodle," he remarked that,

> "Für solche halbe Höllenbrut
> Ist Salomonis Schlüssel gut."

How he got in, Mephistopheles himself afterwards explained by showing that one of the angles of the "Drudenfuss" was left open.

Disciples of the Samian sage, Cabalistic Jews and Arabians, and others, long regarded the pentacle as a symbol of health, and made use of it as a talisman, calling it Hygeia, the name of the goddess of health. It was so-called, and to some extent likely for a similar reason, regarded as a sacred symbol of health, because it could be resolved, it was believed, into the Greek letters which form the word Hygeia, and these letters* were placed one on each arm of the figure, as is done in the one † at the head of this article. It was regarded, in fact, as a sort of rebus of the name of the celebrated daughter of Æsculapius.



The scholarly and ingenious readers of the REPORTER may be able to trace more or less definitely this traditional similarity. It is an interesting point about what is certainly a very remarkable figure.

NON-CONSUMPTION OF FATS BY PHTHISICAL PATIENTS.

BY G. W. JOHNSON, M. D.,
Of Savanna, Ill.

The writer in a limited way, such as falls to the lot of a country practitioner, has observed among all his phthisical patients, without an exception, an aversion during their entire lives to the consumption of fats. The peculiarity is observable, as in the nursery rhyme of "Old Jack Sprat, who could eat no fat, and his wife who could eat no lean," among people generally, that while many enjoy fatty food, eating a large proportion of fat with their meat, or even taking a mouthful wholly of fat, others carefully exclude everything except the muscle, the taste and idea of eating fat being repugnant in the extreme.

My object in calling attention to this matter, is to direct the attention of others to the subject, and ascertain if their observation has been in accord with mine.

I have been so uniformly impressed with the fact, that I often make use of it as an aid to diagnosis, and when a patient presents him or herself, for advice, with symptoms which are suspicious, and look rather toward tuberculosis, and the patient is quite anxious as to the result of the trouble, and I can, on making inquiry, ascertain that they are lovers and eaters of fat, I feel a reasonable sense of security, and give them encouragement to hope for a happy termination of their difficulty.

It is well known that fats, especially cod liver oil, have a powerful influence for good, when administered to consumptive patients, this form of fat only being selected because of its easy assimilation. Would not good fat beef taken *ad libitum*, be equally efficient, granting that it be properly digested and assimilated?

Coming as I do from tubercular stock, having lost three sisters, one brother, and numerous cousins and other relatives from consumption, I have had a chance to notice the fact that in their cases they all were eaters of lean meat only, while my father, through whom the predisposition seems to have been transmitted, escaped, and died at the age of 88 years, of other disease, and had been a lover and eater of fats.

Bennett, in Reynolds' practice (page 121, Vol. II), says: "An observation of the peculiar dyspepsia which so frequently accompanies tubercular disease, will satisfy the observer that it depends upon excess of acidity in the alimentary canal, which favors the solution of the albuminous and mineral matters, but is opposed to the emulsionizing of fat. It is the non-assimilation of fatty elements of food, and their diminution in the blood while the albuminous elements are comparatively in excess, that gradually interferes with nutrition; the molecular basis of the chyle is impoverished, the elementary molecules so necessary for the formation of healthy blood corpuscles are diminished, the liquor sanguinis consequently is poor in fat and rich in albumen, the entire growth of the constitution as a result is affected, and its powers rendered weak."

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*Sometimes the synonymous Roman name, Salus, was so used. In Mrs. Palliser's work, already referred to, it is thus seen. It is there spoken of as a device used by Marguerite of France, wife of Henry IV., and the last of the Valois.

†This, as shown, forms one side of a "charm" of the writer's. It is of Masonic as well as medical and Christian import, at least in its outline, and has an appropriate emblem of the kind on the other side.

The view here taken seems to be that it is a failure to digest owing to the "peculiar dyspepsia," rather than a natural repugnance to fats, which causes the difficulty.

I claim it to be largely a matter of taste, which might, and ought, to be corrected before the "peculiar dyspepsia" makes its appearance; let the young be encouraged to eat more fats, and protect their constitutions against being made weak by liquor sanguinis impoverished in fatty principles.

My first advice given to suspected cases is: cultivate a taste for, and eat as large a proportion of fatty food as possible, and by so doing escape the necessity for the nauseous cod-liver oil, which otherwise would soon be imperatively demanded.

If the eating of fat from childhood is a prophylactic of recognized worth, while the entire materia medica is vainly brought into requisition to stay the progress of the once-developed disease, it seems an easy matter to decide which is of the most importance.

Hospital Reports.

A CLINICAL LECTURE DELIVERED AT THE PHILADELPHIA HOSPITAL.

BY WILLIAM PEPPER, M. D., LL. D.,

One of the Physicians to the Hospital, and Professor of Clinical Medicine in the University of Pennsylvania.

Reported by WILLIAM H. MORRISON, M. D.

The Treatment of Epilepsy.

LECTURE I.

GENTLEMEN: I shall to-day call your attention to these two men, who are suffering from epilepsy. In a hospital of this kind, we see the most unfavorable cases of this disease, for the sufferers rarely come to us until they have had a variety of treatment outside, and until the physical and mental condition has become seriously impaired by the disease. Although an institution of this character is one of the worst places for the study of the therapeutics of epilepsy, there is no better place for the study of the symptomatology, pathology, and diagnosis of the disease. I want you in the very beginning of our consideration of these cases to disabuse your minds of the idea that epilepsy is an incurable affection. In many cases it is incurable, yet there are many cases which are very amenable to treatment, epilepsy being, in truth, one of the most varied of diseases; varying in its gravity from a comparatively tractable condition, to a condition which is absolutely irremediable. I shall make the two cases before you a text for some practical remarks on the treatment of this disease.

This young man, a native of England, was healthy up to the age of four years, when he suddenly lost consciousness, and fell over, while sitting at the table. One year afterward, the convulsion returned, and from this time he has been the prey of epileptic seizures, occurring at varying intervals. This is a bad case. It has been noted that he has had as many as one hundred and twenty convulsions in twenty-four hours. He states that when fourteen years old he fell into a trance, lasting for two or three days. After this, he enjoyed freedom from the epileptic attacks for two or three years. About five years ago hemiplegia of the left side came on. This has gradually improved, but the arm and leg are still paralyzed to a certain extent. In walking, he drags his leg in a clumsy way, after the fashion of an old hemiplegic. The muscles of the shoulder and arm still retain some power, but the flexor and extensor muscles of the hand are almost completely paralyzed.

The attacks are somewhat controlled by bromide of potassium and hydrobromic acid. He thinks that he has been improved by treatment. His memory has become much weakened, and all his statements must be taken with a certain degree of allowance. There is no evidence of fracture of the skull, and no history of his having received such an injury. The attacks are of the character of ordinary epileptic fits. The patient is taken suddenly, cries out, falls in a state of spasm, bites his tongue, froths at the mouth; the convulsions cease, and he passes into a state of coma, with heavy respiration. After a time, he comes out of this, seems dazed for a little while, and gradually returns to his usual condition. As is always the case with epileptic attacks, these spells occur at irregular intervals. He has gone considerable periods, he states as long as two or three years, without having an attack, while at other times they have come with great frequency. This irregularity is characteristic of the disease. Sometimes a cause which has served to provoke the attack may be found in indiscretion of diet, excitement, fatigue; but sometimes without apparent cause after the attacks have been occurring at intervals, there will be a group of fits after this, the spells may not again appear for a considerable time. I dwell upon this because it will be of importance when we come to consider the treatment, as showing how difficult it is to decide the effect of any line of treatment.

This second man is a machinist. He never had a fit until he was thirty-three years old. It came on suddenly, while he was at work. This man's memory appears to be good, so that we can depend on his statements. The attacks recurred at first at intervals of two or three weeks. Under treatment they became less frequent, but when treatment was stopped they increased in frequency. He has gone as long as four months without an attack, but they have never been entirely arrested. Immediately after the attack he passes into a state of mania, lasting from fifteen to thirty minutes. The attacks may be described as follows: He falls, froths at the mouth, works in a general convulsion, and sometimes bites his tongue. This lasts a minute or more; he then passes into a state of aggressive mania, throwing his arms and striking in a blind way around, injuring any one who happens to be near. His last paroxysm was on the fifteenth of August, three months ago, when he had a severe general convulsion, followed by

screaming, working of all parts of his body, and had to be held by several attendants. When asked where he felt bad, he said in his head, and screamed violently as though suffering greatly.

This case represents another form of epilepsy, and one more rare than that illustrated by the first patient. In the majority of cases, the disease shows itself in some form during childhood, or if the disease itself does not appear, the child will show a tendency to it. For instance, the child will have one or two convulsions when teething, or at the beginning of an attack of measles or scarlet fever, and after teething is over or these attacks of acute disease have passed away, the child will have no spontaneous convulsions for a number of years, and the parents will have entirely forgotten the circumstance, until the age of seven, eight or nine arriving, the child, without apparent cause, will again have a convulsion, and from that time be a confirmed epileptic. Such is very commonly the history. Still more usual is it for the occurrence of some accident to arouse this tendency to convulsion; for instance, a child who had shown this convulsive tendency in infancy, but which has apparently passed away, will have a fall, striking its head, and after that convulsions will be developed. This fall need not be followed by depressed fracture or symptoms of such severity as to suggest the production of meningitis; but merely a fall, giving a severe shock to the nervous system, such as many children may have without the development of such convulsions, and yet in these children, owing to the exaggerated tendency, the occurrence of convulsions will be established, and will pass into a habitual state. I suppose the fact is that every one is liable to have convulsions, which may be developed by an exciting cause of sufficient severity; but where, as in some, the tone of the nervous system and the hold which the vaso-motor nerves have over the circulation, is so strong and well sustained, that it seems impossible for any shock, mental or physical, to overcome it and throw the system into convulsions, in others a moderately severe, and in others a trifling shock, is able to produce this effect. In another class the tendency is so great that the convulsions occur from the most trivial causes, as fatigue, excitement, indiscretion in diet, or other form of reflex irritation. We recognize then, varying degrees in the tendency to convulsions, from the slight degree which has to be called into view by some powerful cause, up to the marked predisposition which is so intense that the slightest cause suffices to arouse it.

Before going on to speak of the form of epilepsy illustrated by this second patient, let me speak of some of the practical points in reference to these cases and the lines of treatment which grow out of them. In the first place, recognizing that this disease is merely an expression of the tendency of the nervous system to lose control of itself under provoking causes, you will search in these children for exciting causes. You will also seek for predisposing causes.

Among the predisposing causes, inheritance is a powerful one. When a child comes of a family of strongly marked nervous temperament, if several members of the family have exhibited symptoms of nervous disturbance, and if the child began at an early age to show a tendency to irregular nervous manifestations, the probability is that there is such a profound morbid tendency of the nervous system, that no effort will control or eradicate it. Another predisposing cause is long continued exhausting illness. This may excite a tendency to convulsions at any age. A short time ago, a lady consulted me and gave the following history: she had been perfectly well up to five years ago, when she had a very severe attack of typhoid fever. This was complicated with hemorrhages, phlegmasia alba dolens of both legs, and relapses of fever, keeping her in bed for four months. After this passed away, and after she began to go about, she had a convulsion following some unusual exertion. For three years convulsions of an epileptic character continued, recurring at varying intervals, sometimes as frequently as twice a week, and at times being so severe as to require the strength of two persons to restrain her. Gradually, as her health improved, the attacks became less severe and less frequent. For the last six or eight months she has had no general convulsion, but has had periods of momentary oblivion, attended with severe pain in the region of the heart. She is evidently outgrowing the convulsive tendency, which was called into activity by the violent attack of typhoid fever. Last week I saw in consultation a case of the same character; a case of typhoid fever with severe hemorrhages leaving the patient in a state of the greatest debility. After the fever had subsided, the patient had a severe convulsive attack. Unless great care is taken I have no doubt that the convulsive tendency will show itself in that patient just as it did in the woman to whom I have referred. Where there has been no inherited tendency, and where the child has not shown a disposition to convulsions, these attacks after protracted disease are not of so unfavorable omen, as where they come on in consequence of a constitutional tendency.

I need not say to you that accidents in childhood often produce this tendency. It is exceedingly difficult to make the prognosis in such cases. Children so frequently meet with accidents, that it is exceedingly difficult to say whether the convulsions have resulted from a blow, or whether the child has an inherited tendency which is just showing itself. Still you will be pressed for an opinion by the parents. If there is any actual injury, such as a depressed fracture, or if the accident were followed by unconsciousness and paralysis or mental affection showing that the cortex of the brain had been involved, you will have no hesitation in expressing the opinion that some injury has been done, and according to the seriousness of the injury and its curable character, will be the prognosis. More frequently, however, you will be forced to conclude that the shock to the nervous system has excited the convulsions. If the injury has been slight, the prognosis is bad; but if the injury has been severe, the prognosis is more favorable. If there is evidence of permanent injury to the brain, the prognosis is of course unfavorable. In the case of this boy, I cannot say whether or not he has had a hurt, but we have in the hemiplegia evidence of serious intra-cranial disease. There has been in all probability, a lesion either in the corpus striatum or in the cortical centres corresponding to

the muscles of the left side, which has left behind it a loss of substance and a cicatricial condition of the brain itself, which is incurable. I should, therefore, in this case have no hope of eradicating the tendency to convulsions. It will be kept up perpetually by the organic lesion of the brain which exists.

A short time ago I showed the results of a post-mortem in the case of a physician who many years ago was thrown from his buggy, his head striking against a tree, causing a depressed fracture of the internal table of the frontal bone over the right eye. He immediately had coma, which lasted for two or three days. He recovered, and was apparently perfectly well from 1860, when the accident occurred, until 1881. He served in the army during 1881, and reached the rank of full surgeon. After leaving the army, he settled in a Southern town, built up a good practice, and laid by some money. He then moved North, buying a good practice in one of the towns of Pennsylvania. In 1881 he began having convulsions of intense severity, recurring at long intervals. When the case came under my observation, some eighteen months ago, it gave rise to some embarrassing questions. Had there been an injury to the bone so long as twenty years previously, which had remained dormant, and was there now developing some slow lesion near the seat of injury, the result of this hurt; or had the shock to the nervous system, causing the coma and unconsciousness, left no serious lesion, but now, in consequence of overwork and depressing influences, had there been a revival of this tendency without actual disease, and should we trephine this man or not? For a time we decided not to trephine; but the convulsions continuing, we did trephine, but it did no good; the convulsions continued, and the man died. The autopsy revealed an abscess in the anterior lobe of the right hemisphere, with a secondary abscess in the anterior lobe of the left side. There can be little doubt that a slow, irritative lesion had existed during all these years, and the brain became habituated to its presence; and it was not until a large area of the brain became involved, that the system responded to its influence and convulsions made their appearance.

In children with convulsions, where there is a history of an injury with perhaps some lesion of the head, you will often find it difficult to decide whether or not any operative interference should be adopted. Usually you will find that you cannot decide upon having the head trephined. Yet I am satisfied that we ought to trephine the head for epilepsy more frequently than we do. Wherever there is a lesion of the cranial walls, although there may be no depressed fracture, where there is possibly some lesion of the membranes, and where the convulsions cannot be controlled, my judgment would be strongly in favor of trephining. I have seen some most excellent results follow this treatment. The lives of these patients are so sad, and so sadden the lives of those around them, that although we may to a certain extent control the attacks, yet this is not very satisfactory, and therefore the chance of obtaining a radical cure is worth a good deal of risk.

Another and extremely difficult question comes up in the treatment of young children, such as this lad was fifteen years ago, and that is the question of intellectual development and training. A child of five or six is attacked with epilepsy. Such children are often among the brightest and most intelligent, and frequently are even precocious in their intellectual development. Yet it is clear that if the brain becomes excited by study, too much reading, or violent play, the convulsions will become more severe and frequent. In presenting this question to parents, they have argued that it was better to allow the child to continue at school, for if allowed to grow up ignorant, and without mental training, he would, if shut out from the world by reason of his disease, be unable to occupy his mind, and might readily fall into vicious habits; and if the attacks should be relieved, he would, in consequence of his want of education, be unable to take his place in life. Therefore they have argued that it was better to take the chances of keeping up the disease than to allow the child to grow up in ignorance. To decide how far we should interfere with intellectual work, and how far the advantages of such interference counterbalances its disadvantages, is one of the most difficult problems to solve. My own judgment is decidedly against allowing these children to study or go to school. If taught, they should be taught at home, and emulation, ambition, and excitement of every kind should be studiously avoided. They should be taught, as far as it is proper to teach them, at home and not in schools. Specious as are the arguments pressed upon you by the parents against this plan, the results of yielding are usually bad. Epilepsy, even when taken at the earliest period, is not a disease which in my experience has been cured by drugs alone. When I have succeeded in eradicating this tendency, and the cases are not rare in which success has been attained, it has not been by drugs alone. It has been by the regulation of diet, regimen, and hygiene, and secondarily by drugs. But allowing the child to go to school, and when the convulsions become more frequent, increasing the dose of bromide of potassium, and when that loses its effect, changing to bromide of calcium, bromide of lithium, or hydrobromic acid, can have only one ending—and that is the enfeeblement of the whole nature of the patient, mental, moral, and physical, and the settling upon him of a hopeless bromide habit, without eradicating the epilepsy. There are some few cases in which a radical cure can be effected by drugs. There is a larger number of cases where with proper hygiene and the continued use of suitable remedies, the disease can be kept in check indefinitely. There is a still larger number of cases, and this may be said of almost all cases, in which if you depend upon drugs alone, and do not pay the first and closest attention to the regulation of every point of the daily life, you will find that the case goes from bad to worse, and that the effect of the drugs has been bad, without influencing the disease. There is an enormous amount of damage done by the way in which bromides are used in convulsive affections.

This question of the intellectual training and development requires the most careful consideration. The child requires a certain amount of training, and should be encouraged to use its mind in certain ways, for this exerts a beneficial

and tonic influence. As I have said, the stimulus of competition, as in schools, is always an injury. I can see no other explanation of these cases than that there is a state of feebleness of the nerve-centres, whether congenital or acquired; and what is true of them is also true of adults, although to a less extent. These children, therefore, require a totally different arrangement of their daily life from that of healthy children. It should be based upon the fact that they are suffering from nervous prostration as well as nervous irritation. Of course, if the child has a positive lesion of the brain, we recognize that as a sufficient cause of the irritation and convulsions. In speaking thus I do not allude to those cases in which some source of reflex irritation has been allowed to continue and keep up the convulsions, but where, after the removal of all causes, the child continues to have convulsions. Such a child seems to me to be suffering from nervous prostration in a very real sense, and I think that the best results will be obtained by treating the child for that condition.

I should regulate the life of such a child in the following way: Go to bed at seven o'clock, and lie in bed until eleven o'clock in the morning; take a walk, come in and study, dine; after dinner, play or walk again, then rest and retire at the hour mentioned. Sometimes this can be carried out; at other times the child is so restless that any attempt to enforce such rules will do more harm than good. Where the child can be restrained, I regard prolonged rest in bed as one of the most useful adjuncts to the treatment of juvenile epilepsy. I have seen remarkable results follow this line of treatment. I recall a case in which I suppose a cure has been effected, for it has been a year since the child has had a convulsion. The patient was a boy, born of nervous parents, a boy of brilliant intellect, and ambitious in every way. He had convulsions while teething, and at the beginning of an attack of scarlet fever, when three years of age. He had grown well and appeared perfectly healthy up to the age of eight, when the epileptic attacks made their appearance. They proved obstinate and violent. He was removed from school and sent to a farm, allowed to play out-of-doors, and took bromides in moderation. The convulsions soon stopped, and for six or seven months he was free from them. He was regarded as cured, came home, went to school, and the same thing happened again. The fits proved intractable. They became severe and recurred with increasing frequency. He was again sent to the country, but this did no good, I decided to adopt more radical measures. I persuaded him to go to bed, and kept him in bed for three months constantly. During this time he took moderate doses of the bromides, and his diet was regulated with extreme care. The convulsions occurred less and less frequently, and finally stopped entirely, and he had none for several weeks. He was then allowed to get up for an hour each day. The length of time out of bed was gradually increased until he returned to his ordinary mode of life. He has not yet been allowed to return to school. I have seen this same result in many other cases.

The hour has nearly expired, and I shall, therefore, allude to only one more point to-day, and it is one about which much has been said of late; that is the question of genital irritation, as provoking attacks of epilepsy. I think that too much attention and importance has been given to this point. I think that you will be doomed to disappointment, if you expect to have a great deal of good follow the circumcision of adherent and contracted prepuces, which is the most common expression of genital irritation. In the female, there are few local causes of irritation of the genitals. I know that there are cases in which an adherent prepuce with irritation of the mucous membrane has excited the convulsion, and after the removal of this cause, no other convulsions have appeared. Far more commonly, it will be found that children who, with an adherent prepuce, get convulsions, are epileptics in whom that may be one of the exciting causes, and although this may be removed, it will leave behind the epileptic tendency, and convulsions will occur from some other cause. In the case of the boy to whom I have referred, there is a contracted prepuce which I was anxious to remove, but the parents refused and the child has gotten well without the operation. In some cases, after the operation of circumcision, complete relief has followed; but in a larger number of cases, the condition of the prepuce has been found to be only one of the elements of irritation.

The same thing is true of worms in the intestinal canal. This is a rare cause, and still more rarely is it the only cause of irritation. We should, of course, carefully search for these causes of external irritation, and remove them, and above all, as far more important, should we see to it that there shall be no condition of intestinal irritation.

I shall devote the next hour to the consideration of epilepsy coming on in adults, and to the use of drugs in this disease.

(*To be continued.*)

NEW YORK HOSPITAL.

CLINIC OF PROF. WILLIAM H. DRAPER.

Reported by W. H. SEELYE, A. M., M. D.

Traumatic Peritonitis.

GENTLEMEN: I want to give you the termination of the case of traumatic peritonitis which you saw here last Thursday (see REPORTER, vol. L., p. 12). It came to a fatal issue that night, death being preceded by a rising temperature, which finally reached the somewhat unusual point of 109° and a fraction. At the post-mortem examination there was found a rupture of the ilium at a point nine inches from the cæcum. This is in accordance with the suspicion which I had of the cause of the peritonitis, the pain and tenderness being too severe to be due to a peritonitis resulting from a simple contusion of the abdominal walls. The rupture had extended through all the coats of the intestine, and there were several ounces of a sero-sanious fluid found in the peritoneal cavity.

—Dr. and Mrs. Hiram Corson, of Plymouth, have celebrated their golden wedding.

MEDICAL SOCIETIES.

PATHOLOGICAL SOCIETY OF PHILADELPHIA.

Thursday evening, November 22, 1883. The president, Dr. Tyson, in the chair.

Large Intestines from Two Cases of Chronic Dysentery, one of them Showing Pseudo-Polypi.

BY J. H. MUSSER, M. D.

Case 1. The patient had chronic dysentery; further clinical information cannot be given. No record of autopsy preserved. The specimen is from the museum of the Presbyterian hospital, and I present it to-night on account of its rarity. It is a part of the large intestine, fourteen inches long. To the naked eye it shows thickening of the mucous and sub-mucous layers, and hypertrophy of the muscular layer. On the surface of the mucous coat innumerable polypoid growths are observed, some pedunculated, some sessile. The sessile growths are from the size of a millet seed to that of a chestnut, round or ovoid. The others also vary in size from a pea to a large bean; their pedicle is generally a one-sixteenth to one-eighth of an inch long. The reporter remembers seeing the specimen when recently removed, and knows there were more pseudo-polypi than are here visible, many having fallen off from handling, etc.; that there was scarcely any healthy mucous membrane; that in this part of the intestine, there was almost complete ulceration of the mucous coat. At one point a large stellate cicatrix, depressed in the centre, is noticeable, while all over the surface cicatricial lines are observed, most distinct about the bases of the growths.

Remarks.—In connection with this specimen I would like to call the attention of the members to a minute description of a similar specimen by Dr. Woodward. His article may be found in the *American Journal of Medical Science* for January 1881, and is entitled pseudo-polypi of the colon; an anomalous result of follicular ulceration. According to the writer, the origin and development of these polypi is as follows: 1. A granulating ulcerated surface of the intestine. 2. Numerous islets of mucous membrane on this surface. 3. "The formation of cicatricial contraction commenced in the infiltrated sub-mucosa constricting the margins of the islets of mucous membrane, which were further transformed by hyperplastic inflammatory processes, until ultimately they acquired the form of pedunculated excrescences, and projected into the lumen of the intestine like so many little polypi," being pushed out by the contraction of the connective tissue. Although the surface of the mucous membrane appeared to the naked eye healthy, with the microscope it showed it was sub-mucous connective tissue infiltrated with lymphoid elements. As pseudo-polypus was composed of a central portion of connective tissue, and a peripheral portion of diseased mucous membrane, the former continuous with the sub-mucous layer, the latter limited to the surface of the growth. The histological changes in the mucous and sub-mucous layers resembled those of chronic inflammation. The remainder of the bowel showed follicular ulceration. I am unable to say what the condition of other parts of the bowel in the specimen exhibited was.

Case 2. For this specimen I am indebted to Dr. Gittings, of West Phila., for whom I made the autopsy. It was removed from a well-known druggist of this city, who had been a sufferer from chronic dysentery for some time. The bowel affection was especially severe during the past summer. He had been ill of an acute exacerbation for about a week when Dr. Gittings was asked to see him. The symptoms were of an acute dysentery, but not alarming. The effect of the habit of using chloroform, chloral and alcholics to excess, which habit he continued during his illness, complicated the clinical features. About the tenth day of his illness the typhoid state suddenly developed and he died in coma two days thereafter. His temperature never was higher than 102°, tormina and tenesmus was marked, bloody and mucous discharges were excessive.

Autopsy 18 hours after death. Rigor mortis marked. Body well nourished. On section the abdominal walls were loaded with fat, and large deposits of this tissues were found in the great and lesser omentum, the meso-colon and the epiploical. The mesenteric and lumbar lymphatic glands were not enlarged. The cæcum was surrounded by the lymph, the appendix bound down by adhesions and thickened. The colon was dilated, the transverse and descending colon contracted; the walls of the entire colon were thickened. On opening the large intestine it was found to be extensively ulcerated. The mucous membrane and the ulcers were strikingly anæmic and of a pale cream color; there were no points of hemorrhage. The walls were thickened; the mucous membrane swollen; the ulcers were more numerous and larger in size at the cæcum. The smaller ulcers were the size of a dime; some of the larger extended around the gut, and were one-half inch to an inch wide. The edges of the ulcers were regular, beveled and thickened, the floor rather clean; the deepest did not extend beyond the muscular coat, the more superficial only included the mucous membrane. The larger ulcers were on the top of the folds of the intestines. A tenacious thick mucus covered alike the ulcers rnd the adjacent structures.

Condition of other organs.—Liver enlarged and fatty. Kidney markedly cirrhotic. Spleen normal. Heart slightly hypertrophied. Microscopical examination revealed the changes in the intestine of chronic inflammation, and that the ulceration was of a simple nature and not due to tubercle.

A Case of Carcinomatous Sarcoma of the Left Testicle.

Presented by Dr. W. G. MacConnell.

This specimen was removed from a young man by Prof. Brinton, at the surgical clinic of the Jefferson Medical College Hospital, on Wednesday, November 7, 1883.

History.—Jacob A., æt. 26 years, a clerk; about eighteen months ago, struck his testicle, in mounting his horse, on the pommel of the saddle, from the pain of which he fainted. No inflammatory enlargement, however, of the organ ensued. Last May he noticed that the left testicle had begun to enlarge, which continuously in

creased in size until it had attained the present volume. There was a sense of heaviness in the tumor, but no pain was experienced until about two weeks prior to its removal, when he noticed a periodical pain of a burning nature, which, with the increasing size of the organ, caused him to apply for relief. It weighs about 8 ounces, and measures in its long diameter 4½ inches, transversely 3¼ inches, and about 2¼ inches in thickness. No lymphatic involvement was present, nor was the cord involved; the veins of the scrotum were enlarged and prominent. The tunica vaginalis testis is slightly thickened, and very opaque. The tunica albuginea is also thickened, and a slight remnant of the epididymis exists in the form of a small fibrous lump. Its shape is somewhat that of a kidney, and upon section showed a moderately firm, buffy-colored tissue. It did not cry under the knife. In color and consistence it resembled the soft fibromata; distinct remains of the fibrous septa are to be seen; there are no cystic changes or any chondroid tissue present. Its microscopical appearance and consistence suggested a spindle-celled sarcoma, and as such, upon section, I diagnosed it. Microscopically, at a first examination, from the great ectasis of the epithelium present, I was inclined to regard it as a pure medullary carcinoma; but after a careful study of several sections, I am inclined by reason of the juvenescence of the connective tissue, both round and spindle cells being present, to call it a carcinomatous sarcoma. There was no history of syphilis, scrofula, or tubercle, nor had any member of his family ever labored under any form of tumor.

Dr. Nancrede called attention to the fact that modern microscopic study has shown that carcinoma of the testicle is a rare disease, most malignant tumors of that organ being really sarcomata. In this connection it is of much practical interest to note that the system becomes infected at a relatively late period of the disease, so that when a sarcomatous testicle is removed at an early stage of the disease, prolonged immunity, if not actual cure, resulted. The inguinal and retro-peritoneal glands were those usually affected, their enlargement, by pressure, pain, etc., being the ultimate cause of death. Even more distant lymphatic glands are in rare cases involved.

Dr. Formad agreed with Dr. Nancrede. Some years back he had paid special attention to the study of malignant growths of the testicle and ovary. Of the former, he had examined thirty cases, all of which were sarcomata. He did not believe in the existence of such a growth as true carcinoma of either the testicle, ovary, or kidney. The so-called carcinoma of those organs exhibit cells of a *connective-tissue type* rather than of an epithelial. Dr. Formad considered, with many other observers, that the so-called epithelial cells of kidney, testicle, and ovary are really *endothelial*, and gave reasons in support of this view. He further said that there is a variety of endothelial carcinoma occurring in the breast which is that usually described as alveolar sarcoma. Here the endothelial cells of the lymph-spaces proliferate, but the glandular elements of the mamma do not participate. It is doubtless from the examination of such tumors that Virchow, and Cornil, and Ranvier, have gained the erroneous idea that true carcinoma takes its origin from connective tissue. The speaker would suggest the term "*endothelial* carcinoma" for such tumors instead of "alveolar sarcoma."

Dr. Davis could not think that Dr. Formad was correct in absolutely denying the existence of carcinoma of the testicle, ovary, and kidney.

Dr. MacConnell agreed with Dr. Nancrede as to the relative frequency of sarcoma of the testis, having examined a large number of such specimens. He could support the views of Dr. Formad as to the growths of the testicle originating largely in proliferation of the endothelia of the lymph-spaces and tracts.

Sarcoma of the Breast.

Presented by Dr. G. E. De Schweinitz.

Some weeks ago I had the pleasure, through the kindness of Dr. Ashhurst, of exhibiting a specimen of cysto-sarcoma of the female breast, and to-night I am once more indebted to him for the privilege of showing this tumor, also a cysto-sarcoma, but differing in type from the previous growth. It is another instance of the truth of the remark, so justly made by Rindfleisch, that "the expression cysto-sarcoma is by no means to be conceived as the designation of a definite, perhaps round-celled, sarcoma with cysts, but it only tells us that a new formation with the textural character of histioid tumors has attacked the mamma and dilated its preformed cavities. This growth was removed from the person of a lady of middle age, married, but childless. She assigns no cause for its appearance. The growth of the tumor has been slow, it having originally been noticed six years prior to the date of operation. The weight of the mass immediately after removal was three pounds and one ounce. On palpation there was a distinct sense of fluctuation; the skin over the tumor was discolored, but not adherent. On section the growth is seen to be composed of two parts, the one about the size of a closed fist, and the other somewhat smaller. The section evacuated a quantity of bloody, mucous-like fluid. The centre of each mass is seen to be cystic, or rather the masses are the papillary and irregular excrescences which have protruded into the dilated ducts. The growth is composed of numbers of variously-shaped nodules, whitish or yellowish white in color, but in some spots semi-translucent, and resembling somewhat colloid material. The microscopic examination of various portions shows a similar result, differing only in degree—large round-celled sarcoma tissue, and some spindle cells, generally diffuse, but in places tending to alveolar arrangement; here and there round, stellate and spindle cells branched and anastomosing (mucoid tissue); numerous blood-vessels, usually wall-less, or mere channels passing through the tissue. In many places the sections show the enlarged ducts, cut transversely, and lined with a single layer of columnar epithelium. Surrounding them is a dense matrix of connective tissue. It may not be uninteresting to state that the specimen has been preserved in a solution of hydrate of chloral (gr. xx., f℥ j), after the manner originally recommended by Dr. W. W. Keen, with what success the beautifully fresh and natural appearance of the growth plainly attests.

C. B. Nancrede, Recorder.

EDITORIAL DEPARTMENT.

PERISCOPE.

Congenital Encephalitis.

The *Med. Times and Gaz.*, November 17, 1883, says :

An address on the subject of Congenital Encephalitis was delivered before a recent meeting of the Berliner Medicinische Gesellschaft by Prof. Rudolf Virchow, in which, recalling certain observations made by himself in the year 1865, he undertook to prove the inflammatory nature of certain changes in the brains of newly-born children, which some subsequent observers have regarded as physiological, and not abnormal. These changes, as he first observed them, consisted in the appearance of very numerous granular cells and granular globules, scattered chiefly in the white substance of the cerebral hemispheres. for the most part in very regular order throughout the whole area, while there was absolutely no change in the appearance of the grey matter. These observations were published eighteen years ago, and it was then suggested that the changes were inflammatory ; they have been again and again observed by other pathologists, and their frequent occurrence has led to the opinion that they are normally produced in the development of the brain. The extent to which such changes are congenital, however, cannot be proved in every case. In the brain of a child born dead, no doubt can exist ; but in the case of a child which may have lived only a few hours, doubts may very reasonably be entertained. With each day of life it becomes more and more uncertain how far the appearances may be regarded as congenital.

The elements thus found in the brain are quite unmistakable granular cells and granular globules. As long ago as 1846, Prof. Virchow drew out a classification of the various modes in which fatty changes may occur in cells. Three different forms were distinguished, and they have not since been added to. In the first the fat within the cell belongs properly to the character of the tissue of which it forms a part ; in the second the appearance of fat-granules is always the forerunner of disintegration of the cell in which it appears ; in the third the appearance of the fat is only transitory. From the form of fatty change alone, however, it cannot be determined whether the change is to be classed as physiological or pathological : other considerations must determine that point.

To which of these three classes of fatty change must the appearance in the newly-born brain be attributed ? To assume the first would be to allow the possibility of the occurrence of normal fatty tissue in the brain. Putting this aside, we must look either to the possibility of transitory absorption of fatty matter, or to a process of fatty degeneration. As against the former must be placed the truly fatty nature of the change—the absorbed particles are not myelin—and the absence of any disintegrating points in the affected brains from which granular material could be taken up.

"I am convinced," says Prof. Virchow, "that this condition is a fatty metamorphosis in the strictest sense of the word, and for this reason : because all the transition stages, from the intact cell to the granular, from the granular to the globular, and at length to the simple masses of fat, are here present, just as we recognize them when occurring in the fatty metamorphosis of other organs. Besides the diffuse form, however, of which I have spoken, there is a second form appearing in a more or less nodular manner."

The latter is easily to be seen with the naked eye. "One notices in the midst of the white matter dull spots, which become more and more opaque, and after a time take on a faint yellowish-white appearance, and finally commence to soften at individual points, and to become true centres of disintegration. These centres are distinguished by a peculiar change of the axis-cylinder which they present, in addition to the excessive formation of granular cells and globules, which consists in a varicose swelling and subsequent falling apart of the divisions thus formed, so that one can demonstrate long, varicose, often spindle-shaped bodies between the fatty particles. If one now compares a sufficient number of these two categories of cases, the diffuse and the circumscribed, it becomes apparent that there is by no means an essential difference between them, but that the circumscribed form represents an exaggerated condition of the same process which is found diffused.

In order to determine the relative frequency of the occurrence of these changes—the one point upon which the theory of their physiological nature has been based—Prof. Virchow has lately instituted a series of investigations of the brains of still-born and newly-born children, extending to 44 cases in all. Of these 22 were born dead, 5 died during birth, 17 lived for various periods up to five weeks ; but of these most died during the first day. Twenty-seven were congenital in the strictest sense, and of these only 11 showed the appearances described, abundantly in 8 cases, and sparingly in 3. Of 9 immature embryos examined, only 3 failed to show the changes ; of those born dead at full term, 9 showed no changes, and in only 3 were they present. From these purely objective investigations, it follows that the appearances in the brain do not occur with such constancy as to warrant the belief that they can be of normal origin, Turning, now, to the examination of those cases in which death took place at varying periods after birth, only 3 cases out of 17 were found to be free from the condition. These three cases with normal brains were each distinguished by all the signs of inherent weakness ; whilst at least eight of those with affected brains showed no predominant symptoms of feebleness whatever. From a careful consideration of all the cases, it appears clear that there is no ground for the supposition that this change in

the brain is but a part of a general disturbance of nutrition.

"I should certainly be the last to deny that such a fatty metamorphosis *may* be the result of a bad state of nutrition; and if such a connection could be established I should have nothing to urge against it in this case; but, nevertheless, I must always consider that it would be a disastrous state of affairs if general atrophy or want of proper nutrition were always to lead to this condition of brain. In all those cases in which, as far as I am aware, fat occurs as a consequence of bad conditions of nutrition, it appears to be universally attracted to the walls of the vessels, in which at any period of age, as a result of impaired nutrition, such changes may occur in a very marked manner even to the smallest capillaries." The granular cells previously described, however, could be clearly demonstrated to have no connection with vessels.

A challenge is thrown down to any workers in the same field of investigation to prove the association of these fatty metamorphoses with general conditions of impaired nutrition. Regarding these changes as indicative of encephalitis due to a condition of irritation, Prof. Virchow directs attention to an analogous change which is recognized in the tissues of the optic nerve in retinitis, in which granular globules appear in the interstitial tissue, and in which a varicose and gangliform alteration of the nerve-fibres is induced. Although the process in the brain cannot be said to be an inflammation in the strictest sense of the word, it is, nevertheless, an irritative process—*i. e.*, a process in which the fatty metamorphosis is not immediately apparent, but in which a definite series of irritative changes lead to that result.

The Administration of Salicylic Acid.

In *Squibb's Ephemeris* for November, we find the following:

The apyretic effect of salicylic acid is one of the most remarkable and important therapeutic discoveries of the age, and its control over all such conditions as are generally met with in acute and subacute rheumatism is almost complete. Its applications, therefore, in medicine are very numerous and very important.

In its internal use the points most necessary to be borne in mind are the disturbing effects of very large doses, and the rapidity with which it is eliminated. It should, therefore, be given in full doses at first until the impression is made, and then in moderate or small doses frequently repeated.

It is best given in wafers or cachets, and it should not be packed into capsules. Two or three doses of fifteen to twenty grains with two or three hours' intervals will usually produce its characteristic beneficial effects. Then ten grains every two hours, with intervals gradually increasing to three and four hours, serves to keep up the effects with the smallest risk of such disturbance as will require it to be suspended when most needed.

Of late it has been more rarely used, the salicylate of sodium having taken its place with the same effect, and with some advantages.

It is a curious and very interesting and important circumstance, that full doses of salicylic acid or salicylates do not interfere with the digestive functions of the stomach, and yet a very small quantity will prevent the action of pepsin. At least this statement is made on what appears to be good authority.

An ordinary cold saturated solution contains somewhere about one part in three hundred; and such a solution is very convenient indeed, as a vehicle for solutions of alkaloids for hypodermic use. If a drachm of the acid be added to a pint of water, and the mixture be well shaken, such a solution, with some undissolved acid at the bottom of the bottle, will be the result. Then if this be used entire, or diluted with an equal volume of water, for making hypodermic solutions, such solutions will remain free from growths of all kinds for an indefinite length of time, and will not be more irritant than if made from water alone.

Absorption of Fat in Adults and Children in Fever and Apyrexia.

The *London Med. Record*, December 15, 1883, says:

Following a suggestion by Professor V. A. Manasseïn, Dr. V. E. Tchernoff (*St. Petersburg Inaugural Dissertation*, 1883,) investigated the assimilation of fat by adult subjects and children suffering from febrile diseases. The observations were conducted on twenty-two patients, nineteen of them being between 7 and 42 years of age, the remaining three under a year. Seven of the patients suffered from enteric fever, two from recurrent fever, four from typhus, two from erysipelas, one from malarial fever, two from croupous pneumonia, and one from varioloid. Of the infants, one had fever from vaccination, one suffered from scarlatina, and one from catarrhal pneumonia. The patients (those between 7 and 42 years of age) received milk, in which the proportion of fat had been previously ascertained, and bread; their fæces, made from the beginning of an experiment, were collected and analyzed. The author sums up his results as follows:

1. A healthy subject assimilates about 90 to 94 or 95 per cent. of fat of the food given, provided it be present in a form suitable for the action of bile and pancreatic juice.

2. A subject suffering from a febrile disease, as a rule, assimilates lesser quantities of fat than the same subject in a healthy state, the difference being on an average 7.2 per cent.

3. The single deviation from this rule is given in enteric fever. When suffering from the latter, the patient absorbs more of fat than when he is reconvalescent, or quite well. This is especially true in regard to severe forms of typhoid.

According to the author, the fact of fat being better assimilated by typhoid patients finds its explanation in the presence of great numbers of leucocytes in the intestines in cases of enteric fever. As a recent work of Professor F. N. Zawarykin shows, leucocytes are "true absorbers and distributors of fat."

4. The quantity of absorbed fat, and the percentage proportion of fat in fæces, are influenced by the quantity of fat in the food daily taken, by the individuality of the patient examined, by his general state at the time of examination, and,

possibly, by the admixture of carbohydrates and albuminoid matters.

5. There exists no difference between adults and children in regard to all the propositions stated above.

6. Febrile patients, though their faculty of the absorption of fat is diminished, still assimilate fat in considerable quantities (from 80 to 90 per cent.). Therefore, any fears entertained against the administration of fat to febrile patients are groundless. Any avoidance of fat in febrile diet would be unjustified: fat is as necessary for the diseased as it is for the healthy.

The Exact Value of the Electrolytic Method.

When any suggested remedy has not equalled its promises it is well that prominence should be given to the fact, that too much confidence may not be reposed in it. In the *New England Medical Monthly*, December, 1883, Dr. A. D. Rockwell says that electro-surgery, and especially electrolysis, has not equalled the brilliancy of its promise, and he thus concludes his article:

Without occupying time by the recital of illustrative cases, I would offer the following summary as indicating as nearly as possible, the exact value of the electrolytic method in surgical diseases:

1. The success to be met with in the treatment of malignant growths in general is but trifling. The size is sometimes reduced, and the pain is almost always greatly alleviated. In the class of cases, however, termed epithelioma, when the disease does not extensively involve the subjacent tissues, and where it is easily reached, it is probable that in the majority of cases the very best results will follow thorough and persistent treatment.

2. Fibroids being dense and comparatively dry, do not readily shrink under electrolysis, and it is seldom that we can accomplish more than some slight diminution in bulk. The results following this limited influence, however, are especially valuable in the case of uterine fibroids of an intramural character where the knife cannot be used. The pressure upon the bladder and rectum is in these cases greatly lessened, or entirely dissipated, and the relief that follows is immense.

3. It is in erectile and small cystic tumors that electrolysis is most effective. In these conditions it is indeed a specific. The cure that follows is complete, and with proper care scars can be avoided.

4. The ordinary form of goitre acts somewhat capriciously under electrolytic treatment. Goitres that are small and soft may not only be treated effectually by the introduction of needles, but external applications alone will sometimes cause them to entirely disappear. Even when they are quite large, if their density is not too great, a perfect cure may follow. Where they do not entirely disappear, they may almost invariably be reduced in size, affording in many cases marked relief from the pressure that is so distressing.

5. By this method hairs may be permanently removed. The negative pole and a weak current are to be used.

6. In many cases of urethral stricture permanent relief is afforded. A more extended experience, however, is necessary to establish its exact value.

Sudden Death Due to Hemorrhage from Hepatic Vein.

Dr. Alfred F. Holt reports a case in the *Boston Med. and Surg. Jour.*, December 20, 1883, which was verified by autopsy. The case he describes as follows:

J. C., an Englishman, fifty-six years of age, large and strongly built, though slightly hunchbacked, died May 15, 1883. For the last six or seven years of his life he had been engaged in a small kindling-wood trade, doing some of the manual labor required by such a business himself. For the ten years before this time he had been a police officer.

Ten or twelve years before his death he began to have severe attacks of colic. These continued to occur at irregular intervals during his life, and for the last six or seven years he was never quite well, although able most of the time to attend to his business. During these years he had consulted a large number of physicians. Most of these pronounced his trouble gall-stones, but some of them dyspepsia, and still others some obscure disease of the liver.

Seven days before his death, while in Boston attending to some business, he was suddenly prostrated with a very severe attack of pain in the region of the stomach, nausea, and faintness. He was taken to his home in Cambridge in a carriage, and his physician, Dr. Dow, was immediately summoned, who found him suffering from severe pain, vomiting at short intervals, pale, and faint. The pain and faintness continued until evening, he having been taken sick about noon, when the doctor was hastily called again. He found him vomiting blood in the form of very large dark clots. This continued at short intervals for about one hour, when it ceased. A little over three pints of blood was vomited at this time. The pain and faintness continued for three days. Although these symptoms were somewhat relieved by stimulants and opiates, at the end of this time he was again attacked with the vomiting of blood, as before, in the form of very large black clots. This continued at short intervals until nearly two quarts had been ejected, when it suddenly ceased; and after this he was very weak, faint, and nearly pulseless. The pain continued a few hours after this vomiting, when it ceased. Although his mind was clear, he did not rally, but gradually sank, and died forty-eight hours later, or a little less than seven days from the commencement of the sickness. No blood was at any time passed by the rectum.

High Amputations for Senile Gangrene.

Before the Royal Med. and Chirurg. Society (*Med. Times and Gaz.*, December 15, 1883), Mr. Hutchinson read a paper on the above subject, which began by the statement that the author's chief object was to urge the safety and expediency of amputating in senile gangrene if the operation were done at a good distance from the disease. In the common form of gangrene of the toes and foot, the lower third of the thigh was the part suggested, and in rare cases in which the hand is affected, the middle of the upper arm. After remarking on the fact that amputations had hitherto generally proved disappointing, owing to

return of the disease, the author urged that this was from their usually having been done too low down. The calcification of the arteries, upon which in the main the disease depended, was usually greatest near the periphery, and hence the difficulty as to supply of blood for the nutrition of the flaps. This source of danger was not encountered if the amputation were done sufficiently high. In a series of cases in very old patients, the author had not encountered the recurrence of gangrene excepting in one. In three the stump had healed well. In a fourth, in which the patient, although not old, was prematurely senile, and the calcification of the arteries extreme, the recovery had also been excellent. In this instance the femoral artery was so rigid that it stuck out from the face of the stump like a small bone. One of the patients in whom the stump had healed without a drawback was seventy years old. In two of the cases the other foot had subsequently been threatened with gangrene. As to the time to be selected, the author thought that as soon as the patient was so ill as to be confined to bed, and the disease well established, it was better to do the operation. Spontaneous cure was, he urged, very exceptional, and a great majority of such cases ended in death after a long period of much suffering. The thinner the patient the less was the probable risk of the amputation. In a few cases in which the thigh was exceptionally fat and the tissue flabby, it might be wise to hesitate as to recommending it. In all his cases Lister's precautions had been carefully used, and in two or three the patient had never experienced the slightest pain from the day of the operation.

The Treatment of Pelvic Cellulitis following Parturition.

Dr. W. M. Graily Hewitt thus concludes an article in the *Med. Press*, November 21, 1883:

A few words with respect to the treatment: A remarkable feature in these cases is their tendency to chronicity. They are always tedious and difficult to cure, and the cure depends more on attention to diet than on any other element of the treatment. Rest, of course, is an essential; but the nutrition requires careful consideration. With regard to the subject of food: Deficiency of food may predispose to cellulitis in a patient in whom other factors in its cause may be present; or it may render an already-existing case of cellulitis less amenable to treatment. In the case before us the quantity of food taken was perhaps only one-third of the total amount required by the healthy subject. This created a weakness which showed itself in various ways. Under these circumstances there is great indisposition to take food, and if only three stated meals a day are provided, a very small amount is taken; the patient becomes exhausted in the intervals, and when meal-time comes is not able to take nourishment. Hence the quantity taken is not enough to induce activity in the nutrition process, but only enough to keep up a condition of *stqtu quo*. To stimulate nutrition, articles capable of ready assimilation must be selected—Brand's essence, beef tea, milk, etc., with a fair amount of stimulant in the shape of brandy, and this must be given very frequently, every hour or so. Under this treatment the appetite will rapidly improve, and in a week or so, in all probability, solid food will be taken with zest.

As subsidiary treatment, poultices may be applied to the abdomen to relieve pain and assist resolution, and if the latter is very severe a little opium is indicated. The bowels should be daily opened by the administration of a mild laxative. Some medicine, in the shape of dilute nitro muriatic acid with a little tincture of orange, is often useful as a stomachic and tonic; and later on iron and quinine may be given with advantage.

Trichlorphenol in Syphilographic Practice.

The *London Med. Record*, December 15, 1883, says: The excellent results which had been obtained by Dr. Rubetz from the use of trichlorphenol in phagedænic chancres (see the *London Medical Record*, April, 1883, p. 132), induced Dr. S. P. Tomashevsky, of Prof. V. M. Tarnovsky's clinic, St. Petersburg (*Vratch*, 1883, Nos. 18, 19, 21, and 22), to try the remedy in nine cases of soft chancres of the glans and prepuce, in seven of ulcerated chancrous buboes, and in several cases of primary syphilitic ulcers, deep syphilitic ecthymata, and gummy ulcers of the skin and subcutaneous cellular tissue. He used from one to two and a-half per cent. solution of trichlorphenol (℞ trichlorphenoli ʒj to ʒij ss., spiritus vini q.s. ad solut., glycerini puri lb. j), which was applied to the diseased surface three times daily. Dr. Tomashevsky's results strongly differed from those of Dr. Rubetz; in fact, they were so unsatisfactory as to have compelled the author to give up any further trial of treatment by trichlorphenol. In eleven of fifteen cases of soft chancres and buboes, even two or four weeks' application of the lotion did not check the ulcerative process; the ulcers finally rapidly healed under iodoform. Of the remaining five cases, one (which, possibly, represented only an instance of ulcerated herpes progenitalis) was cured in eleven days; in other four cases the cure followed in nineteen days. In almost all the cases, the use of trichlorphenol produced inflammation of the periphery of ulcers, which induced him to lessen the strength of the solution. As artificial or accidental inoculations showed, the discharge of chancrous ulcers dressed with trichlorphenol did not lose its virulence during a considerable period after the commencement of the application. Of the syphilitic cases, only one—that of an obstinate deep ecthyma of the leg—was successful, the ulcer rapidly healing under a two per cent. solution of the drug. In the remaing syphilitic patients, trichlorphenol displayed too strong irritating local action to permit any prolonged experimentation.

Tuberculosis in Childhood.

The *London Med. Record*, December 15, 1883, says an interesting discussion on this subject occupied one of the sittings of the Congress of German Physicians and Naturalists held recently at Freiburg (*Wiener Allgemeine Med. Zeitung*, Nos. 39–40, 1883.) The relative frequency of the disease in new-born children, its development in early childhood, and the dangers of infection to which children become exposed, were each in

turn considered. Prof. Demme, of Berne, gave as the result of his investigations the following facts with respect to the locality of the attack in congenital tubercular disease—viscera, 71.8 per cent.; joints and bones, 69.6; peripheral lymph glands, 65.4. The disposition to the development of tubercle is much increased after attacks of measles or prolonged whooping-cough. While maintaining that the inhalation of tubercular poison is more to be feared than its ingestion, he showed by his own and foreign observations the relative frequency of tubercular poisoning by unboiled milk, derived from animals affected with bovine tuberculosis. Professor Rauchfuss, of St. Petersburg, contributed a valuable summary from the pathological records of the Foundling Hospital in St. Petersburg, to show the relative frequency with which individual organs become attacked. His figures show that the lungs and bronchial glands are affected in nine-tenths of the cases; the liver, spleen, intestines, kidneys, pia mater, pericardium, and peritoneum follow in that order. A similar summary, derived from the large Foundling Hospital in Moscow, and arranged by Professor Klein, differs in small points only. The lungs and bronchial glands again head the list, which gives the liver, spleen, kidneys, choroid, intestine, pia mater, as next in order of frequency.

Fractures of the Patella.

Dr. William MacEwen contributes a paper on this subject to the *Lancet*, November 17, 1883, from which we take the following:

1. The chief cause of non-osseous union of the patella in cases of transverse fractures is the interposition of fibrous and aponeurotic structures between the fractured surfaces. 2. If osseous union be desired in transverse fractures of the patella, it is requisite, in the first instance, to elevate all the tissues which lie over the fractured surfaces, and which prevent them from coming into intimate contact. 3. From the ease with which the two fragments, in many instances, may be maintained in position, it is probable that osseous union could be obtained without suturing, provided these soft tissues were first elevated. Practically, however, suturing the patella ought to be adopted, as it is the easiest and surest way of securing accurate apposition, and adds no risk to the operation. The operation of elevating the soft structures between the fragments and of suturing the bone ought to be undertaken within the first forty-eight hours from the time of injury. 5. In order to lengthen a muscle, a series of **V**-shaped incisions made into its substance in a transverse row will effect the purpose, while not diminishing its strength as transverse incisions do.

Sulphate of Soda in Carbolic Acid Poisoning.

Dr. John Reid reports this case in the *Brit. Med. Jour.*, November 17, 1883:

Mrs. W., aged 35, drank, with suicidal intention, somewhat less than four fluid ounces of crude carbolic acid. When seen half an hour afterwards, she was comatose, the pupils were contracted, and cornea-reflex was absent; the pulse at the wrist could with difficulty be felt; the first sound of the heart was almost inaudible; whitening of the lips and mouth were not present, yet the breath smelt of carbolic acid. The pump was not used; but about an hour after taking the poison, four drachms of sulphate of soda dissolved in five ounces of water were injected into the stomach through a catheter; two hours later, three-quarters of an ounce of the salt in five ounces of water. After each injection, the patient appeared to be somewhat relieved in breathing; four hours after this, or about seven after taking the poison, cornea-reflex had returned, the patient groaned somewhat, and the pulse had slightly improved. Three-quarters of an ounce of sulphate of soda in five ounces of water was now injected, after which the patient appeared to be easier. She died in about forty minutes.

Ether was injected at the end of the first, third, and fifth hours, and probably the result would have been different had an injection been given at 2 p. m., after which I had to leave somewhat suddenly. The patient had been ailing for some time. Sulphate of soda has succeeded in the case of animals, and if this drug has not been used in man, the case may be of interest.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——We have received the report of the ninth annual meeting of the American Neurological Association, held in New York last June. It contains some interesting papers that will prove valable reading to the general practitioner as well as the specialist.

——The Introductory Address to the Medical Class at Dartmouth College, by Dr. Louis Elsberg, has in it a good deal of fresh thought, and some quaint original talk about the relations of health and disease.

——Of interest to those pursuing sanitary studies is the little pamphlet, entitled "The Geology and Topography of Iowa in a sanitary point of view." It was prepared by Dr. P. J. Farnsworth for the Iowa State Board of Health.

BOOK NOTICES.

The Dissector's Manual. By W. Bruce Clarke, M. A., etc., and Charles B. Lockwood, F. R. C. S. H. C. Lea's Son & Co. 12mo., pp. 391.

This is another of the English manuals for students, a series which we have taken occasion previously to note as one of the most satisfactory which we have yet met with. The present number has a moderate show of engravings, and the descriptions are full enough for the purpose in view. It will be found a useful little volume.

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PUERPERAL FEVER.

The difference between the practice of the ordinary physician and of the fashionable specialist was never more perfectly illustrated than by a comparison of the *usual* treatment of puerperal fever or puerperal septicæmia and that recommended by Dr. T. Gaillard Thomas in his admirable address published in the *N. Y. Med. Jour.*, December 15. Dr. Thomas is a man of immense experience, and his views are invaluable; every word he utters is a pearl of wisdom, and is pregnant with great good; but a careful and thorough carrying out of his minute directions would be simply an impossibility to any one not abundantly blessed with wealth. Still, since half a loaf is better than none, we will give an editorial summary of his views, so that they can be carried out as far as possible.

In the first place Dr. Thomas regards what we are wont to call puerperal fever, as a septicæmia, produced by the entrance of septic germs into the system, through the lacerations of vulva, vagina or cervix caused by the passage of the child at the time of parturition, or through the open sinuses at the point of detachment of the placenta. Therefore his whole principle of treatment is really directed towards combatting this septic state.

He enunciates a series of prophylactic measures, which may be summed up in the one word "*disinfection.*" Every article in the proposed lying-in room, walls, floor, furniture, should be thoroughly washed with a ten per cent. carbolic acid, or a 1 to 1,000 solution of mercuric bichloride.

The physician, the nurse, every one and everything about the lying-in woman, should be thoroughly disinfected. A potent factor for the introduction of disease germs is the catheter; this should be thoroughly disinfected before use, and Dr. Thomas says: "It is a very common and very bad habit for nurses to own silver catheters, which they carry about with them from case to case of midwifery."

After the completion of labor, the physician should carefully examine the vulva. Should he

find the perineum lacerated, it should be closed at once by suture, to shut up this avenue to septic absorption, and, should slight solutions of continuity be found in the labia or the vulvar extremity of the vagina, these should be dried by pressure of a linen cloth, touched with equal parts of sol. ferri persulph. and carbolic acid, again dried thoroughly by pressure with the cloth, and then painted over with gutta-percha collodion. If this be thoroughly done, absorption will be prevented at these points for at least three or four days, when the application may be repeated.

"In six or eight hours after the labor, when the patient has rested, the vagina should be syringed out with an antiseptic solution, and a suppository of cocoa butter, containing from three to five grains of iodoform, should be placed within it, under the os uteri. A syringe with intermittent jet should be used, which will wash away with gentle force all blood-clots, and reliance should not be placed upon the feeble drip of the fountain syringe, the advantages of which are, I think, entirely theoretical.

"These vaginal injections and suppositories should, in cases of normal labor, be repeated every eight hours; in cases of difficult or instrumental labors, twice as often; and they should be kept up for at least ten days, the nurse observing to the last the precaution already mentioned of washing her hands before every approach to the genital tract of the patient."

The principles for treatment are very similar to those for prevention. He would rely, principally, upon antiseptic injections.

"The physician must now decide whether, in his opinion, the septic disease which is developing has originated in the wounds situated between the os internum uteri and the vulva, or in the endometrium, above the former point. If he decide in favor of the former view, he should persist, for a time longer, in the more thorough use of vaginal injections; if of the latter, intra-uterine injections should be at once resorted to. Usually the question has to be decided by the efficacy or ineffiacy of frequent germicide vaginal injections in bringing down the temperature and controlling other grave symptoms. Should a failure of these seem to prove that the origin of the disease is higher up the genital tract, more decided and radical measures must be taken."

"That the use of antiseptic uterine injections after parturition is attended by danger, is beyond question. The greatest hazard attending this plan is the entrance of air into the uterine cavity; the next, the production of hemorrhage by detaching some of the thrombi which fill the mouths of the uterine sinuses; the third, the danger of forcing the fluid used as an antiseptic directly into the general circulation, through the introduction of the tube into the mouth of a sinus; the fourth, the creation of convulsions, violent pain, or nervous prostration, by a sudden and baneful influence upon the nervous system; and the fifth, the passage of the tube into a Fallopian canal, and the injection of fluid directly into the peritoneal cavity, as in a case reported by Dr. W. Gill Wylie in an interesting paper in the *New York Medical Journal* for June 23, 1883, p. 679.

"All these dangers may be, to a great extent, avoided by care as to details: by using a large injecting tube which cannot enter an open-mouthed sinus; by using water warmed to 105°; by injecting the fluid through the tube so as to exclude air, before passing this up to the os uteri; by using only a moderate degree of force in throwing the jet against the uterine walls; and by proceeding with the whole affair gently, cautiously, slowly, and intelligently.

"The tube should never be allowed to fill the os uteri completely, so as to prevent the escape of the injected fluid. Should the cervical canal be so narrow as to hug the tube closely, it should be dilated by dilators of hard rubber, by the fingers, or by Barnes's bags, before the injection is practiced.

"A solution of the persulphate of iron should always be at hand in case of sudden hemorrhage from displacement of a thrombus. Should this accident occur, ergot should be immediately given hypodermically, the iron solution be at once added to the antiseptic solution and allowed to pass into the uterus, and pressure be made upon the fundus so as to stimulate the contraction of uterine fibre to accomplish closure of the open sinuses in that way."

In addition to the injections, Dr. Thomas would use quinine or salicylate of sodium to control the tendency to chill and pyrexia, and would confine the patient to a liquid diet, chiefly milk.

It will be seen that his whole treatment is essentially antiseptic, and that the agency he chiefly relies upon is corrosive sublimate. Dr. Koch, of Berlin, has recently demonstrated that mercuric bichloride possesses antiseptic properties, probably

superior to those of any other article in use, and its merits are now being very extensively tested.

While it would be impossible to strictly carry out Dr. Thomas' suggestions, save in the higher and fashionable walks of life, wherein money is no consideration and every possible requirement can be had, and also while we do not believe that so much trouble is called for in the majority of cases, and particularly among those in rural practice, yet we must commend in the highest terms the antiseptic doctrines inculcated.

Cleanliness, natural and antiseptic, of patient and attendants, are the two cardinal points in the prevention and cure of puerperal fever.

CRANIOTOMY—IS IT NECESSARILY FATAL?

Dr. W. D. Wilkes makes a novel suggestion in the *Med. Times and Gaz.*, November 17, 1883, which may or may not prove practicable, as future experience may demonstrate.

He calls attention to the fact that when the disproportion between the fœtal head and the pelvic outlet is so great that natural delivery is impossible, and craniotomy must be resorted to, we are taught to pass the instrument well up to the base of the brain, that all life may be destroyed before delivery, and the mother and friends not shocked by the horrible spectacle of a living child with a mutilated head.

He then propounds the query, whether craniotomy is necessarily fatal either to life or to the subsequent intellectual well-being of the babe. Considering that it may not be, he suggests, that after explaining the situation to the friends, we should proceed to mutilate the head just as little as is absolutely necessary for delivery, and then subsequently treat the case as we would a similar case of head injury occurring under ordinary circumstances.

So great has been the progress of surgery of late years, and such wonderful cases have been reported of absolute recovery after the most grave and seemingly fatal injury to the skull and the brain, that we would not like to condemn this suggestion until it had been actually tried. Still, we cannot look upon it with much hope.

If we were the fœtus, and had our way, we would prefer to be killed outright, for we fear the chances of restoration to usefulness would be very slight. A very unfavorable feature would be the almost absolute impossibility of securing rest and quiet, so essential to the successful treatment of head injuries; for it is not in the nature of an infant to keep quiet. It is true that this requisite might be procured artificially.

Again, the danger, we fear, of bringing into the world a human being, destined, on account of brain mutilation, to a life of idiocy, imbecility, or epilepsy, would deter most physicians from resorting to this suggestion.

Still the suggestion is worthy of remembrance, and when some suitable case presents itself, where the disproportion is so slight that but little mutilation would be required, and where *intelligent* friends and relatives, after a full explanation, are willing to assume all responsibility, it might be tried.

NATIONAL OR LOCAL EFFORT?

The direction in which efforts toward public sanitation should be chosen must depend in different governments on their varying political constituency. The plan best adapted for England or Germany will not suit in the United States; that successful in the republic of Switzerland will not be any the surer to prosper with us, because in many ways our domestic relations differ from those of that model little state.

The size of our country and the autonomy of our States are two factors in the problem of the first importance. There is a widespread dislike of control from a central bureau, and this is so true, that any attempt of a central office in Washington to interfere, or direct, or command the action of states or municipalities, will infallibly meet with opposition, and finally with rejection. Whether this is praiseworthy or whether it is not, need in no way come into the question. We speak of the fact as a fact, and it cannot be gainsaid.

The truth about it is well expressed in a passage in the last report of the United States Marine

Hospital Service. In the discussion of the sphere and the limits of national quarantine, Dr. Hamilton writes:

"In conclusion, it is proper to say that under existing law the duty of the government apparently ends with the maritime quarantine, and the question of local municipal sanitation is one which may not only with propriety be left to the States, but all existing law has heretofore done so, and that, however desirable it might be for the government to undertake the work of general sanitation, it is evident that the limits of such a work could not be foreseen at the present time. So intimately is this question connected with the local police and municipal government, that interference by Federal authority is not only unwarranted, but probably mischievous.".

For this same reason the American Medical Association can never attain the strength and solidarity of the British Association, and it will fail, as it has failed, if it goes out of its proper sphere as a scientific congress to attempt legislation by a central power. In the way of encouragement, unifying and aiding efforts, improving social relations, and stimulating legitimate ambitions, it will always have a fruitful field to cultivate. But when it attempts to act as an authoritative body, or to claim for itself a political power, it will excite opposition and pave the way for its own downfall.

The sentiment of individual, municipal and state independence is too strong in this country to be overcome by any centralized power, professional or political. May it long be so!

DRUG FARMS.

Some time since (see REPORTER, Vol. xlvii., p. 467,) we published an editorial on this subject, in which we expressed the opinion that some of our young men might, at least, manage to support themselves while waiting for practice by cultivating medicinal plants.

It affords us pleasure to note, from an article by J. W. Colcord, of Lynn, Mass., in the *Druggists' Circular and Chemical Gazette*, for December, 1883, that efforts are being made to interest the national government in this idea. From it we learn that at the last meeting of the American Pharmaceutical Association a resolution was adopted instructing the Committee on Legislation to ask Congress for an appropriation of $25,000, to be expended in the introduction and cultivation of foreign medicinal plants. It seems to the writer that we have such a variety of climate within our borders that it would not be a difficult matter to find a location suitable for the cultivation of many of our valuable medicinal plants.

He tells us that the cinchona trees of India are now valued at $5,000,000, and that this is the result of an outlay on the part of the Government of only $500,000, less than fifteen years ago. He is now cultivating some seed of the Rheum palmatum from the Royal Botanical Gardens of St. Petersburgh, and he kindly offers to distribute these seeds to any one interested in the matter who will send him a two-cent stamp for return postage.

We say again that this occupation would, if successful, enable some of our worthy but poor young country doctors to keep the wolf from the door while waiting for practice. To all so interested we would recommend a correspondence with Mr. Colcord.

RESPECT THE LAWS.

The public papers told us last week that a number of physicians in Lancaster, Pa., had received notice of suit for failing to comply with the municipal regulations about reporting births and deaths, and that one had been fined for not returning a case of epidemic disease (small-pox).

Such an incident as this should not have happened. Physicians who neglect the punctual and accurate observance of official regulations touching vital statistics and public hygiene—and surely we have few enough of them—are setting a bad example to the public, and acting in a manner not calculated to heighten respect for the profession.

How can we expect legislators to vote for health laws and health boards, when medical men disregard the slight local rules considered necessary for the hygiene of their own neighborhoods? Those assemblymen who are opposed to all such legislation will make this a weapon to use against

it; and thus such neglect not only is a bad example of disrespect to laws, and an injury to a neighborhood, but endangers the physical welfare of the Commonwealth.

The physician cannot be too punctilious in such matters.

Notes and Comments.

Occlusion of Both Ureters—Death from Syncope.

A rare case is that reported by Dr. J. Vincent Bell in the *Lancet*, December 15, 1883. The patient, a corpulent but temperate man of 49, had occasionally passed small calculi, which he could trace, by his feelings, in their course along the ureters. Finally suppression of urine took place, and the patient was sure that calculi had become impacted in his ureters. The bladder was empty. Aperients, diaphoretics, and warm baths were ordered. This treatment was continued for two days, when he was found to be sweating, and there was a distinct urinous odor about the breath and skin, but he was almost free from pain. The patient felt that the calculus in the left ureter had nearly reached the bladder. He was hopeful and cheerful. He was sitting up talking business when he complained of feeling faint, was given some brandy, said, "I am going," and died instantly.

Both kidneys were enlarged to about double their normal size, congested and friable. There was a calculus of the size of a peach-stone in the infundibulum of the left kidney, and one about half that size in that of the right kidney; also two or three quite small calculi (scarcely as large as peas) in other parts of the kidneys. About one and a half ounces of urine escaped on section of the left kidney, rather less than one ounce from the right; the ureters were both blocked. On the right side a calculus was impacted about an inch above the bladder, whilst in the left ureter a less firmly impacted calculus had less than half an inch to travel, and seemed as if it might have escaped into the bladder within another day, if only that fatal syncope had been avoided.

The noticeable points in this case seem to be the rare coincidence of blocking of both ureters, the recognition by the patient of his own condition and the cause of it, and the death by fainting on what appeared to be the eve of recovery. The question whether any operative measures should be adopted presented itself, but the difficulty and danger of trying to relieve the ureters with a collapsed bladder in a patient sliding into uræmia seemed to make the likelihood of a favorable result from such interference smaller than from a more expectant plan; and he thinks that the narrow escape from recovery which he apparently had, justified the decision.

Parasitic Worms.

At a recent meeting of the New Jersey Microscopical Society, Dr. Samuel Lockwood exhibited a full-grown dipterous larva taken from the inner ear of a man at Paterson, N. J. August 30. There was a perforation of the membrana tympani. The man had suffered seven days from its presence. The grub had entered the outer ear, but eluded an attempt to extract it by re-entering the drum. Appearing again in the external ear, it was extracted with forceps, and kept alive for several days. He referred to certain papers read to the society (one in 1880, and a sequel in 1881), in which he described specimens of dipterous larvæ passed by a man in large numbers, and which he determined to be larvæ of Sarcophaga carnaria and Anthomyia canicularis, which had come of eating tainted cold meat and cold boiled cabbage. Such cases are highly instructive.

Nervous Cough.

We are often called upon to relieve a disagreeable, dry, hacking cough, where we can find no evidence of lung trouble. In the *Med. Times and Gaz.*, Nov. 17, 1883, Dr. J. Mortimer Granville tells us that he considers this cough to be due to irritation of the recurrent laryngeal and pneumogastric nerves. It is important that it should be relieved, because the cardiac and gastric irritation which it produces, will cause such nutritive changes in the bronchial membrane and sub-mucous tissue, as to induce a low inflammatory action and the deposit of tuberculous lymph. To relieve it, he advises blistering over the pneumogastric nerve (along the whole anterior margin of the sterno-cleido-mastoid muscle will be near enough) with glacial acetic acid. This should be repeated every two weeks until the cough is relieved. Each side may be blistered alternately.

Arterio-venous Aneurism.

Dr. T. Pickering Pick reports a case in the *Med. Times and Gaz.*, December 15, 1883, the result of a gun-shot wound of the thigh, by which, most likely, the contiguous surfaces of the artery

and vein were bruised, but not actually cut through; adhesion then took place between these vessels, and subsequently the damaged spot gave way, and a direct communication was established between the two. Ligature of the artery, above and below the site of the aneurism, is so dangerous, that Dr. Pick thinks it is better to envelop the limb from the foot to the groin with a "Martin's elastic bandage," and if the patient can then attend to some light occupation, let well enough alone.

On the other hand, if the dilatation of the veins increases rapidly, so as to entirely incapacitate him from work, and especially if the patient's life is threatened from hemorrhage, he shall take the opinion of his colleagues as to the advisability of tying his artery above and below the point of communication.

A New Theory of the Etiology of Puerperal Eclampsia.

While so much doubt surrounds the causative agency of puerperal convulsions, it is permissible to theorize, hence we note that Dr. Henry Corby offers a new suggestion in the *Lancet*, November 17, 1883. He suggests two factors: First, retention of excrementitious urinary products in the blood, due to the pressure of the uterus on the large abdominal vessels, thus delaying the passage of the blood through the kidneys; and second, the irritation of the disproportionately large fœtus in the uterus, acting just as worms in the intestine. The first is the predisposing, the latter, the exciting cause. The weakest point in this otherwise good theory, is that it hardly seems fair to call the fœtus a *foreign* body, until it has reached its full maturity, when it does, indeed, become a *foreign* body, and is expelled.

Acute Pyæmia following the Passage of a Sound.

It is a well recognized fact that a severe chill will sometimes follow the passage of an instrument into the urethra, but it is not often that we read of a case like that presented to the New York Pathological Society by Dr. G. L. Peabody. The sound was passed for a stricture in the bulbous portion of the urethra, and apparently produced but little injury. It was followed by chill and fever, and in a few days, death. At the autopsy there were well-marked signs of pericarditis, which had been recognized during life, and also acute ulcerating endocarditis, and commencing abscesses of the kidney. The blood-vessels in the neighborhood of the abscesses contained a greater number of micrococci than had been observed by Dr. Peabody in any other case.

A Cause of Dyspepsia.

We all know, but we do not sufficiently appreciate the fact, that disturbances of the female reproductive organs can and do oftentimes produce dyspeptic symptoms, on account or through the agency of that potent factor, reflex nervous influence, about which we have had so much to say recently. Dr. George Elder calls particular attention to this by some illustrative cases in the *Lancet*, December 15, 1883. It will behoove us to carefully examine these organs, when we have unavalingly used all the usual remedies for the dyspeptic conditions, for thereby we will oftentimes throw a flood of light on some hitherto obscure and intractable cases. Malpositions (chiefly versions and flexions) of the womb, Dr. Elder finds to be the chief underlying causes of these troublesome cases.

A Sequela of Thyroidectomy.

It is but proper to note that Prof. Kocher, who has operated about 150 times for goitre (oftener than any other surgeon), has noticed an after effect, which he terms *cachexia strumi priva*, and which ensues in some cases where the whole thyroid is removed. It seems that reflex action operating on the brain produces an idiotic state, the countenance becomes brutal and they are incapable of executing any employment that demands intelligence. It is but just to state that Dr. Lardy, writing to the *Union Med.*, December 6, 1883, says that the memoir in which Prof. Kocher stated this fact to the Berlin Surgical Congress, was received with open ridicule and that Billroth, who has performed the operation 120 times, entirely denies the accuracy of the statement.

A New Cure for Bunions.

To the New York Pathological Society (*New York Med. Jour.*, December 15, 1883,) Dr. L. H. Sayre presented some metatarsal bones which had been removed from either foot for bunion. The patient was a man about forty years of age, in whom the condition of the foot, which had existed for many years, gave rise to much difficulty in walking, and on two occasions had caused suppuration. The metatarsal bone was removed by means of a bone forceps through an incision on the dorsum of the foot. The incision was closed with black silk, the wounds united in less than two weeks, and the patient was now able to get about with comfort and had a movable joint.

Excision of the Urethra for Stricture.

Among the various methods recommended for the cure of stricture this one has not yet been much resorted to. In *Deutsch. Med. Woch.*, Dr. Huesner reports a case of stricture of many years' duration in the spongy portion of the urethra. He cut into the urethra from the scrotum, both behind and in front of the stricture and divided the stricture on a sound passed into it from behind. He then excised the strictured portion of urethra, and united the ends over a number 16 catheter (Windler's scale) which was left in for three days. After three months No. 20 could be passed with ease.

Dilute Solution of Corrosive Sublimate.

A very dilute solution of corrosive sublimate, one grain to a pint, has been used successfully in chronic diarrhœa. Latterly a somewhat stronger solution has been tried with good results in gonorrhœa, by Dr. J. McChesney (*Therapeutic Gazette*). He used an injection of one grain to six ounces (too strong, we think). He resorts to these injections, which he gives once every four hours, after the subsidence of the acute stage. He is very confident that properly applied this solution will effect a cure of the gonorrhœa within from eight to ten days after it has been resorted to.

The Renal Circulation.

This has lately been studied by Drs. Cohnheim and Roy. Without going into the minutiæ of their elaborate methods it is sufficient to say that the organ was enclosed in a sort of plethysmograph, to which Roy has given the name of oncometer, by means of which variations in volume of the kidney can be registered. With regard to the normal circulation in the kidneys, it was found that both the respiratory and pulse waves were shown in the kidney tracing, as well as the Traube-Hering waves when these occurred.

Mullein Plant in Phthisis.

It will be remembered that about one year ago we noted that Dr. F. J. B. Quinlan had recommended this article. In the *Brit. Med. Jour.* December 8, 1883, the same gentleman reports a case of pre-tubercular phthisis in which the patient gained twelve pounds in weight in one month under the use of mullein. He considers that it possesses all the advantages and none of the drawbacks of cod liver oil.

Resorcin in Fungus Umbilici.

Gatchkoosky reports in *Vrach Vedom*, the case of an infant two months old, with a bright red, solid, globular, umbilical tumor the size of a bean. It was fixed by a short pedicle to the bottom of the umbilical fossa. It was powdered daily with resorcin. After the first application the new growth became of a dark greyish color, and markedly shrank. Five days later the tumor fell away, and within the next few days the blennorrhœa disappeared, and a normal cicatrization of the navel followed.

Painless Paracentesis.

Since general etherization is sometimes interdicted owing to some heart trouble, etc., and since the ether-spray is disagreeable, owing to the odor of ether, the following, not very new, but practical suggestion of Dr. F. P. Stapes in the *Brit. Med. Jour.*, November 17, 1883, is worthy of note. He applies a mixture of salt and ice for about twenty minutes before the operation. This completely destroys all sensibility in the part.

Gelsemium for After-Pains.

After-pains are sometimes exceedingly rebellious, hence our readers will be pleased to learn that Dr. Holt (*N. Y. Med. Jour.*, December 8, 1883,) has used the fluid extract of gelsemium, in doses of a fraction of a drop, frequently repeated. In the case of a patient in whom opium was not tolerated, and where all other remedies had been tried, the relief from gelsemium was prompt and decided.

A New Method of Tooth Drawing.

A small square of India-rubber, pierced with a central hole, is pushed over the tooth until the upper part of the root is reached. The rubber gradually contracts, pulls on the root, and the tooth is finally enucleated without causing any pain. Four or five days complete the operation, while very slight bleeding and slight swelling of the gum are the only inconveniences. This procedure is recommended by a dentist of Geneva.

Albuminous and Purulent Urine in Children.

It is a good suggestion of Dr. Samuel J. Gees (*Brit. Med. Jour.*, November 17, 1883,) that we should examine the urine of children and infants in all obscure cases of departure from health. This practice is very rarely resorted to, and yet it may serve to unravel many a mystery. It will serve to put us on the track of a latent disease should we find either albumen or pus in the urine.

Pop-Corn Again.

This article was first recommended in the pages of the MEDICAL AND SURGICAL REPORTER, for the vomiting of pregnancy. It has been tried and found good by several physicians who have reported their experience, and now Dr. P. S. Root (*Detroit Lancet*, December, 1883,) adds his testimony to its efficacy, not only in pregnancy vomiting, but also all in kinds of nervous vomiting.

Camphor in Mixtures.

From the *Gaz. Hemdom.* we learn that gum arabic, by forming an emulsion with camphor, enables us to prescribe it in a fine state of subdivision. The following formula is recommended:

Camphor,	1 part.
Powdered gum arabic,	2 parts.
Decoction of linseed,	250 "
Yolk of egg,	No. 1.

Injection of Morphia for Strangulated Hernia.

In the *Vratch* Dr. Zolotnitzky reports a case of femoral hernia, strangulated for eighteen hours. All manipulation proving unsuccessful, he injected subcutaneously one-fifth of a grain of acetate of morphia in the neighborhood of the hernia. After one hour the tumor had nearly disappeared and a single touch of the finger completed reduction.

Pilocarpine in Puerperal Eclampsia.

Dr. James Murphy considers the use of pilocarpine, on account of its diuretic and diaphoretic properties, a valuable adjuvant in the treatment of puerperal eclampsia, as it reduces arterial tension at once, and gives our other remedies time to act. He reports two cases, in which it acted very favorably, in the *Am. Jour. Obstetrics*, December, 1883. He used it hypodermically in doses of $\frac{1}{3}$ of a grain.

Blisters Over the Heart.

Dr. Beverly Robinson recently told the Practitioners' Society of New York (*Med. Record*, December 22, 1883,) that he had been using blisters over the heart in certain cases of chronic cardiac disease, with enfeebled action and accompanying dyspnœa. They were cases where the ordinary methods failed to give relief. The blistering seemed to strengthen the heart's action.

Artificial Urea as a Substitute for Quinine.

The *Jour. d'Hygiène* reports that Dr. Belvousoff, of Charkow, Russia, has used artificial urea (carbamide) as a remedy for intermittent fever in place of quinine. It is almost tasteless, and does not depress the nervous system. In Southern Russia, the peasants have used urine as a febrifuge for centuries; this has suggested the rational use of urea to Dr. B.

The Salt Test for Albumen.

In the *Practitioner* Dr. Roberts recommends the following test: The urine is rendered slightly acid with hydrochloric acid, when to it is added a saturated filtered solution of common salt in excess. The albumen, if present, is thrown down. The same specimen of urine can be tested for sugar by adding Fehling's solution.

Sub-Peritoneal Injections of Albuminate of Iron in Chronic Anæmia.

In the *Gazz. degli Ospitali*, No. 35, 1883, Prof. A. Vachetta announces as the result of experiments on dogs that the effects of albuminate of iron are more readily obtained by sub-peritoneal administration than by any other method, and that no inconveniences result from this mode of administration.

Cirrhosis Without Alcoholism.

To the St. Louis Medical Society (*St. Louis Med. and Surg. Jour.*, December, 1883,) Dr. Bernays presented a cirrhotic liver weighing not quite a pound and a half, from a woman who never drank any alcohol. She was tapped three times, and from three to six gallons of liquid withdrawn each time. The kidneys were normal.

Syphilitic Disease of Rectum.

A case in which constitutional treatment had no effect is reported by Dr. Kelsey in the *N. Y. Med. Jour.*, Dec. 8, 1883. Two ulcers just within the anus persisted until strong nitric acid was applied, when the pain left them and in a month they were perfectly healed.

Gummata of the Penis.

There are on record a few cases of ulceration of the penis occurring some years after syphilitic infection, to which M. Ozenne (*Rev. de Chirurgie*) now adds another. In this case, the ulcer was feared to be malignant, but under the use of mercury and iodide of potassium it healed in about a month, thus proving its specific character.

Infantile Rheumatism.

Dr. J. K. P. Caldwell reports (*Louisville Med. News*, December 8, 1883,) a case of acute rheum-

atism occurring in a baby two months old. In spite of the usual treatment (salicylic acid, etc.), the child died on the tenth day of the disease, having had convulsions for two days preceding death.

Persistent Epistaxis.

There are few things more trying to the young doctor (and to the old one too) than a persistent hemorrhage from the nose. As the blood keeps dropping, dropping, dropping, so equally do the physician's spirits. Dr. Guedevo tells us in *L'Indipendente*, November 15, 1883, that he succeeded in controlling two cases with the following, given in teaspoonful doses every fifteen minutes. After some vomiting, the hemorrhage ceased: Tartate of antimony and potash, gr. ij; distilled water, f℥ iv.; simple syrup, f℥ vj.

Alcohol in Trichinosis.

Fortunately, trichinosis is a comparatively rare disease, but when it does occur, the physician who endeavors to cure it has his hands full. Hence, it is well to remember that Dr. Ferrer (*Gac. de les Hopituls, Valencia*) has had most gratifying results in one case from the use of alcohol. The disease had existed for four weeks, when this treatment was commenced. He commenced with six and increased to nine ounces daily, in sugared water, in the intervals of feeding. The patient was completely well in eighteen days.

Diphtheritic Heart Weakness.

Great care and watchfulness are necessary in convalescence from diphtheria for many reasons, and for none more so than on account of the feature noted by Herr Levy, in *Deutsch. Med. Woch.* He has noticed attacks of heart weakness and faintness, without loss of consciousness, the lesion producing which, he believes, resides in the cardiac substance itself, and is not dependent on disordered innervation.

Electricity for Strangulated Hernia.

A hernia (scrotal) as large as a man's head, was completely reduced by Dr. M. Pargamin (*Vratch*) by fifteen minutes faradization and manipulation, when three hours taxis had signally failed. The tumor was faradized in all directions.

Diphtheria vs. Pregnancy.

We are called upon to exercise unusual precautions to isolate pregnant women from cases of diphtheria, for Dr. Ollivier tells us in *Arch. Gen. de Med.*, October, 1883, that it is very likely to produce abortion.

Death from Passion.

Very few persons realize the necessity of cultivating an equable temper and of avoiding passion. With a weak heart or atheromatous cerebral arteries, the giving way to passion may cause a giving way of the heart or a blood-vessel, and thus prove fatal. It was the result of passion that caused John Hunter's weak heart to give out, and we should ever remember his sad fate as a warning.

The Milk of the Bitch.

Dr. Biarchi (*La Union de las Ciencias Medicas* of Carthagena) says that it is much richer in nutritive materials and in sulphate of lime than the milk of other animals. He therefore wisely concludes that if we can procure it in sufficient quantity, it will prove valuable in rickets and tuberculosis. He has had excellent results from its use.

Nitrite of Sodium.

This drug has been, as we know, highly recommended in epilepsy. It now seems from some observations that have been made by Drs. Murrell and Ringer, of London, that the dose usually recommended, namely twenty grains, is dangerously large. They advise that we should commence with two grains, and increase to five if necessary.

Ear Affections in Bright's Disease.

Deafness, more or less marked, is often observed in this disease. Doumerque (*Thise de Paris*) considers this condition due either to œdema of the auditory nerve, tympanic catarrh, or effusion of blood into the tympanum.

The Warm Bath.

When a hard, tense condition of the abdominal walls interferes with examination by palpation, Dr. Mai (*Rivista Clinica*, September, 1883,) places the patient in a warm bath. In a few minutes the abdominal walls become relaxed.

Salicylic Acid for Vesical Catarrh.

Dr. Boegehold (*Deutsch. Med. Woch.*) is inclined to believe that salicylic acid is as much of a specific for rheumatic and gonorrhœal catarrh as it is for articular rheumatism. When chlorate of potash has been of no avail, he has found salicylic acid and salicylate of soda to effect a cure.

CORRESPONDENCE.

The Lancet and Tartar Emetic.

EDS. MED. AND SURG. REPORTER:—

I owe you a Christmas cheer and many thanks for having *desecrated* your last issue (December 22) with *Tartar Emetic* and the *Lancet*, which, if your Æsculapian worthies tell true, have slain ten thousand times more Philistines than ever Samson did with the jaw-bone of an ass. Will you please spare half a column to one of those old *murderers*, to confess *how* the deed was accomplished? I copy, verbatim, from a letter written and mailed to my friend, *Dr. Hiram Corson*, on the 18th instant, four days previous to your issue, a remarkable coincidence of language.

"*John Mull*, aged about 60, a healthy, industrious farmer, but who had become quite *intemperate*, after several days of extreme exposure to wet, cold and whiskey, returned home sick on the 25th of 3d month, 1829, and went to bed, where he lay, without medical attendance, and with little nursing. On the first of the ensuing month at midnight, I was called to see him. As I approached the house, his loud, stertorous breathing was quite audible in the public road. I found him profoundly comatose, the extremities cold, stiff, and pulseless; mouth and eyes set wide open; the respiration not more than five or six. I had, a year previous, treated an analogous case, and the result led me to adopt a similar course. While hastening the preparation of more general, warm, and stimulating appliances, I immediately placed the hand and arm in pretty warm water, with active bathing and friction, till it became more warm and supple, and then applied the lancet. A single drop of thick, pitchy black blood followed the blade. As the frictions were continued, there was another and another, at shorter intervals; each successive portion appearing more fluid and less pitchy, till it flowed, a stream of blood. When it had reached *six* ounces there was a very obvious change in his condition. At *ten* he indistinctly answered questions, and at *twelve* he was quite cognizant, and the bleeding was stopped. I only state the practical facts, leaving others to form their own conclusions. Convalescence was speedy and complete. This brief narrative, with change of name, would apply equally well to the other case referred to."

E. MICHENER, M. D.

Toughkenamon, Pa.

NEWS AND MISCELLANY.

How to Mix Paints.

As of interest to our readers who may live away from large cities we note the following from the *Popular Science News:*

The following table, the source of which we are unable to trace at this moment, though we can vouch for its trustworthiness, will be found serviceable, especially for *amateurs*, as showing how simple pigments are to be mixed for producing compound colors:

Buff—Mix white, yellow ochre and red.
Chestnut—Red, black and yellow.
Chocolate—Raw umber, red and black.
Claret—Red, umber and black.
Copper—Red, yellow and black.
Dove—White, vermilion, blue and yellow.
Drab—White, yellow ochre, red and black.
Fawn—White, yellow and red.
Flesh—White, yellow ochre and vermilion.
Freestone—Red, black, yellow ochre and white.
French Gray—White, Prussian blue and lake.
Gray—White lead and black.
Gold—White, stone ochre and red.
Green Bronze—Chrome green, black and yellow.
Green Pea—White and chrome green.
Lemon—White and chrome yellow.
Limestone—White, yellow ochre, black and red.
Olive—Yellow, blue, black and white.
Orange—Yellow and red.
Peach—White and vermilion.
Pearl—White, black and blue.
Pink—White, vermilion and lake.
Purple—Violet, with more red and white.
Rose—White and madder lake.
Sandstone—White, yellow ochre, black and red.
Snuff—Yellow and Vandyke brown.
Violet—Red, blue and white.

In the combinations of colors required to produce a desired tint, the first-named color is always the principal ingredient, and the others follow in the order of their importance. Thus, in mixing a limestone tint, white is the principal ingredient, and red the color of which the least is needed. The exact proportions of each color must be determined by experiment with a small quantity. It is best to have the principal ingredient thick, and add to it the other paints thinner.

Pasteur's New Method of Attenuation.

The view that vaccinia is attenuated variola is well known, and has been extensively adopted by English physicians. If the opinion means anything, it signifies that the two diseases are in essence one and the same, differing only in degree. M. Pasteur has recently found that by passing the bacillus of "rouget" of pigs through rabbits, he can effect a considerable attenuation of the "rouget" virus. He has shown that rabbits inoculated with the bacillus of "rouget" become very ill and die, but if the inoculations be carried through a series of rabbits, a notable modification results in the bacillus. As regards the rabbits themselves, no favorable change occurs—they are all made very ill, or die. But if inoculation be made on pigs from those rabbits at the end of the series, it is found that the pigs have the disease in a mild form, and, moreover, that they enjoy immunity from further attacks of "rouget." This simply means that the rabbits have effected, or the bacillus has undergone whilst in them, an attenuation of virulence. So the pigs may be "vaccinated" with the modified virus, have the disease in a mild form, and thereafter be protected from the disease. The analogy between this process and the accepted view of vaccinia is very close. The variolous virus is believed to pass through the cow, and there to become attenuated, so that inoculations from the cow-pox no longer produce variola in the human subject but cow-pox (vaccinia). As an allied process, though of

very different result, mention may be made of some collateral experiments of Pasteur, also performed recently. Briefly, it has been discovered that the bacillus of the "rouget" of pigs undergoes an increase of virulence by being cultivated through a series of pigeons. Inoculations from the last of the series of pigeons give rise to a most intense form of the disease.

How the Wise Women of Serbia Cure the Sick.

Doctors do not flourish in Serbia. Up to a very recent date, their place was supplied by "wise women" called "babas." These "babas" profess to have an intuitive knowledge of medical plants, but that intelligent being, the Serbian peasant, placed much less trust in their medical men than in their magical skill. Their performance in this line was remarkable, and their rustic patients had every faith in it. The most commonly fatal diseases in Serbia are consumption and congestion of the lungs. The staple remedy for the latter ailment is to administer to the patient three apples grown on the same bough. If after eating these apples, which are supposed to have some mysterious connection with the Trinity, the patient feels no better, then, but not till then, the wise woman adopts more vigorous measures. The unfortunate *malade* is laid on the ground on his stomach, the wise woman scatters salt over him, and marches around him mumbling cabalistic words. This seems to be a kind of exorcism and would indicate a belief that the illness is caused by witchcraft or demoniacal possession.

The Effects of Tobacco.

Dr. Troitski contributes the following conclusions to the *Annales d'Hygiene:* In non-smokers of average constitutions the mean temperature of the twenty-four hours amounts to 36.76° C. (or about 98° Fahr.), and the pulse-rate 72.9°. In smokers the temperature reaches 37.02° C. (98.6° Fahr.), and the pulse-rate 89.9°. Tobacco-smoking, therefore, raises the temperature 0.26° C., and the pulse-rate 16°. In persons of feeble constitutions the temperature rises 0.43° C., and pulse-rate 11.9°. Taking a mean, tobacco may be said to raise the temperature 0.29° C. (nearly 1° Fahr.), and to increase the cardiac pulsations by 12.7°. Representing the normal temperature at 1000 in non-smokers, in moderate smokers it rises to 1008; and whereas the pulse of the former may be taken at 1000, that of the smoker is 1180. It is by increasing cardiac pulsations that tobacco has such an injurious effect on some constitutions.

Memory.

The *Med. Record* very sensibly says: A man's memory is like his stomach. To do its best work it must have good treatment. It must neither be neglected nor overloaded. It can easily be so abused by neglect, or by irregular and unsystematic employment, as to become chiefly a cause of annoyance and discomfort; or, again, it can be so overworked and heavily taxed that it becomes practically the chief organ or agent of the entire system, every other portion dwindling in its comparison. The latter course is the great danger of those who value the help of a tenacious memory. Both memory and stomach are valuable, not in proportion to the burdens they can carry, but in proportion to their training for their part in the work of the system as a whole; and either of them is made effective as much by what is kept from it, as by what is packed into it.

Professor Germain Sée on the Tubercle Bacillus.

This distinguished French teacher declares his belief that whenever this bacillus is detected in the expectoration, tuberculosis can with certainty be diagnosed, even before the disclosure of any other physical sign, for this micro-organism is not discoverable in any other pulmonary affection, whatever be its nature or origin. M. Sée dwelt upon the importance of this sign, as by a knowledge of this fact the physician might, by early treatment, be enabled to prevent the development of the disease, not by attacking the bacillus, which is unassailable when once in the organism, but by placing the patient in such a condition as would enable him to effect the destruction of the parasite, or, at any rate, to resist its baneful influence on the system.

Anecdotes of Sir Astley Cooper.

Sir Astley Cooper is said to have been in such haste to reach his out-of-town appointments that he urged the drivers of the post chaise thus: "I give three pence a mile to a boy who drives slow, four pence to one who drives fast, and six pence to one who drives like the d——." He lived in grand style and was very fond of money. It is stated that in his last years while at a country seat he turned an honest penny by buying up disabled horses and by his surgical knowledge restoring them to health and usefulness and disposing of them at a large profit."

The Physiological Action of Coffee.

In the *Brit. Med. Jour.*, we read that according to the result of experiments recently made by Messrs. Couty and Guimaraès, to ascertain the precise physiological action of coffee, that beverage is not a preventer of tissue-waste. The maintenance of nutrition is, no doubt, improved by its consumption, as Gubler asserted; but simply because it involves an increased assimilation of nitrogenous food through improving the appetite, when not taken in excess, and thereby encouraging its consumer to take nutritious food.

Luminous Harness.

This recent English application of luminous paint to harness will be of use to country physicians. The harness, or portions of it, such as the collar or blinkers are coated with the paint, which absorbs light during the day and gives it out at night. This would prove very useful on dark nights in the country.

An Etheromaniac.

Dr. Sedan reports a case in the *Gaz. des Hop.* of a very bright boy who contracted the habit of drinking ether, when only ten years old, to stim-

ulate his mental faculties. He gradually increased the quantity until he would take as much as thirty ounces (partly by drinking and partly by inhalation) in twenty-four hours. During his sober periods, his mental faculties were very bright, and his health did not seem to suffer from the indulgence.

An Interesting Inquiry.

A circular has been sent out by Dr. W. Thornton Parker, of Morristown, New Jersey, which we willingly publish as a matter of general interest:

DEAR DOCTOR: In view of the fact that the matter discharged from mucous patches in syphilitic cases is inoculable, is it not, in your opinion, possible for such contagion to be conveyed through contact with the cup used in the Holy Communion?

Have you observed any case in which this accident has occurred?

If more than one case observed, please state how many.

Is it customary for the clergy, in your experience, to use a napkin to wipe the cup before passing to the next communicant?

How many do you know of who take this precaution?

Is such protection, in your opinion, necessary or advisable, and is the napkin sufficient?

The cup is passed so rapidly from mouth to mouth, is not the danger great enough for the medical profession to caution the clergy on this subject?

Those who have any facts to contribute to this investigation should send them to Dr. Parker.

Suspension of Another Journal.

The editors of the *Archives of Medicine* announce its suspension after a satisfactory existence of five years. The editors are Drs. E. C. Seguin and R. W. Amidon. We sincerely regret this suspension for the *Archives* is a most worthy journal

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Items.

—It is proposed to erect a monument to the late Dr. J Marion Sims.

—Fifty thousand persons died between June and September during the cholera epidemic in Egypt.

—Anatomical material is very scarce in Vienna this winter, owing to the large number of first year students.

—Dr. George Stiles, of Conshohocken, who was so long and dangerously ill, is once more attending the duties of his profession.

—Dr. J. P. McGee, of Trenton, Tenn., has recently been appointed to the professorship of Principles and Practice of Medicine in the Memphis Hospital Medical College.

—In the *Vratch*, Dr. v. Devlezersky recommends salicylate of soda in doses of 2½ drachms for migraine. One dose at the beginning of the premonitory signs, another one hour later.

—The study of histology ought to be insisted upon before permitting medical students to attempt the study of pathology; not by lectures alone, but by the use of the microscope in the laboratory.

—Egyptian Rags are hereafter to be disinfected before shipment to this country. This precaution has been inaugurated by the State Department at the request of Surgeon-General J. B. Hamilton, of the Marine Hospital Service. Pressure under steam and such other measures as may be found to be efficient for the purpose will be used.

—In the *Detroit Lancet*, December 1883, Dr. A. B. Ballou reports a case of complete fracture of the upper portion of the left side of the forehead, and escape of brain substance with perfect recovery.

—Dr. Dudley S. Reynolds has resigned the editorship of, and sold to other parties, the *Medical Herald*, which he has so ably edited for the past five years. Drs. Edward Miller and W. H. Galt will be the new editors.

—Dr. A. Tepliashin (*Vratch*, 1882, No. 35,) recommends a thin stream of cold water from a teapot lifted from one to one and a half feet from the abdomen, in cases of colic. He has seen it relieve pain when opium and morphia had failed.

—"Infants should never be taught to eat candy, as it almost certainly causes engorgement of the lymph channels, thus tending to develop that state commonly called the strumous diathesis." This item is from a reputable journal; if there be any truth in it, our wonder is that we ever see any children that are not strumous. Besides they are never *taught*, it comes "kinder natural."

—A Crematory Association has been formed in Washington, and Congress is to be asked to give it a charter. A German physician has given a lot on which to erect a crematory similar to that in Washington, Penn. One of its members says that the expense of burning a body will not be more than $35, and that soon they may be able to reduce it to $20.

—Six ladies have distinguished themselves as students in the South London College of Chemistry, where they have been studying with a view to passing the examinations of the Pharmaceutical Society. They intend to begin life as druggists, and are amongst the first women who have been regularly trained at a public school for this end.

—Adulteration of milk in London has, according to G. W. Wigner, F. C. S., been reduced to a science. Of three hundred samples obtained in one day from different districts, only three per cent. showed no adulteration. The average of all the milk showed nineteen per cent. of added water, and it is estimated that milkmen get $1,330,000 annually by selling water.

—A commission on the law of insanity has been nominated in France by the Senate, under the Presidency of Dr. Duprez. The members of the Committee propose visiting the principal establishments of the insane in England, France, Belgium, and Scotland, and are employed in considering and settling the details of a new law of lunacy for France, and are taking the evidence of most of the eminent experts there on the subject.

—A Dental Institute is to be added to the Berlin University, and plans for its organization have been submitted to the medical faculty. The consideration in which American dentists who have established themselves in European cities are held and the prices which they are able to charge furnish sufficient proof that such an insti

tution is needed in other countries besides Germany.

—"Have you given electricity a trial for your complaint, madam?" asked the minister, as he took tea with the old lady. "Electricity?" said she. "Well, yes, I reckon I has. I was struck by lightning last summer, and hove out of the window; but it didn't seem to do me no sort of good."

—A young lady in a Philadelphia seminary was heard to say that the warm weather made her "sweat." A teacher who overheard the remark reproved her in these words: "My dear, bear in mind that horses sweat, men perspire, and young ladies get in a glow."

—A good story is told by *New Remedies* of a Brooklyn druggist who was much annoyed by boys ringing his night-bell, and then decamping. He determined to lie in wait for his tormentors, and arming himself with a stick, sought a convenient ambush. By and by a man appeared and took hold of the bell-handle, when the irate druggist pounced upon him and belabored him soundly. The man had a prescription in his hand, and now seeks legal redress.

—During the performance of a thrilling play in Norwalk, Conn., lately, a well-known physician of the town, who seldom entered a theatre, was among the audience. When the part came where the heroine swallowed the poison, is dying, and her lover and friends are wringing their hands and crying, helplessly, "What can be done?" the doctor was seen to be laboring under considerable excitement. At last the terrible scene was too much for him, and, forgetting where he was, he jumped to his feet and shouted: "Give her coffee, you fools; give her coffee!" Then a friendly hand pulled him back into his seat, and the surprised actors went on with the play.

OBITUARY NOTICES.

DR. JOHNSON ELIOT.

The distinguished Dr. Johnson Eliot, who died in Washington, December 30, 1883, was one of the brightest lights in American medicine. He was descended from the colonial settlers of Massachusetts and Maryland. He was born in Washington city, August 24, 1815. In 1839 he began the study of medicine under Dr. Thomas Sewall, being at the same time steward in the Naval Hospital. He matriculated in the Medical Department of Columbian College in 1842. Immediately upon graduation, he was appointed Demonstrator of Anatomy in Columbian College, and in 1850 was appointed Professor of Anatomy in the Medical Department of Georgetown College, which department he was instrumental and foremost in giving life to. In 1869 he received from Georgetown University the honorary degree of A. M., and 1872 Ph. D. In 1861 he resigned the Chair of Anatomy and took that of Surgery in the same institution, retaining it till 1876, when he was made Emeritus Professor of Surgery and Professor of Clinical Surgery, and for the past sixteen years has been Dean of the college. In 1874 he was President of the Medical Society of the District of Columbia, and in 1877 one of the Board of Censors. He was one of the Vice Presidents at one time of the American Medical Association, and since 1852 has been annually a delegate to the conventions of the Association. Since 1864 he has been surgeon to the Metropolitan Police. In 1861-2-3-4, he was physician to the City Small-pox Hospital, and has been an attending surgeon to the Providence Hospital, consulting surgeon to St. Ann's Infant Asylum, Columbia, and Children's Hospital, and was prominently connected with all the charitable institutions and organizations. He was an eminent surgeon, and one of the most extensive and charitable of practitioners—a friend to everybody, a man of great industry, whose social qualities endeared him to many. His death was caused by pneumonia, after a short illness of eight days.

QUERIES AND REPLIES.

Query, Iowa, writes: "Will you please give in the REPORTER the results of the treatment of hernia by the insertion of galvanic needles. A traveling doctor is in these parts professing to cure it by this means."

Ans.—We do not believe that this treatment is of any value, but leave the query open to others.

Dr. R. S., of New York, sends a cutting where it is said that lately in Buffalo a boy contracted hydrophobia from another boy by sleeping with him! The latter had been bitten by a rabid dog. The inquiry is as to the probable truth of the statement. Knowing nothing of that particular case we can only say that we doubt the story.

Dr. P. L. M., of Tenn.—Blistering in diphtheria is of ancient date, and has been lately defended in some quarters, but the general sense of the profession is, we think, against it.

MARRIAGES.

FOX—BROWN.—In Philadelphia, December 19, 1883, by the Rev. William Brenton Green, Jr., Dr. Charles W. Fox and Alice M., daughter of John H. Brown.

MASON—DICKSON.—In Brooklyn, N. Y., on Thursday, December 20, 1883, by the Rev. Alfred DeWitt Mason, assisted by the Rev. H. J. Van Dyke, D. D., Lewis D. Mason, M. D., of Brooklyn, N. Y., and Fannie W. Dickson, daughter of the late Hon. J. D. Witherspoon, of South Carolina.

VAN DEUSEN—SMITH.—In Philadelphia, November 28, 1883, by the Rev. John McElmoyle, Edwin H. Van Deusen, M. D., and Adelaide P. Smith, both of Philadelphia.

McSMITH—KEISER.—At the residence of the bride's parents, Tuesday, December 18, 1883, by the Rev. J. C. Behny, S. McSmith, M. D., and Miss Cora C. Keiser, daughter of Mr. J. C. Keiser, of Plainfield, Cumberland Valley, Pa.

FLINT—HAY.—At Portland, Maine, December 25, 1883, by the Rev. T. A. King, Dr. William H. Flint, of New York city, and Miss Mary Adelaide, daughter of Henry H. Hay, Esq., of Portand.

DEATHS.

HILTON.—At East Orange, N. J., on Friday evening, December 21, 1883, Dr. A. T. E. Hilton, in the seventy-first year of his age.

ELIOT.—In Washington, D. C., Sunday, December 30, 1883, of pneumonia, Dr. Johnson Eliot, aged sixty-eight years.

GARDNER.—At Vernon, Oneida county, N. Y., Saturday, December 29, 1883, after a long illness, Dr. H. Dwight Gardner, of Utica, N. Y., in the twenty-ninth year of his age.

ROGERS.—At Paterson, N. J., December 30, 1883, of pneumonia, Dr. John A. Rogers, son of Dr. Alexander W. and Anna H. Rogers, aged thirty-one years.